POSITIVE ADAPTATION IN WOMEN FOLLOWING SEXUAL ASSAULT:
A GROUNDED THEORY STUDY

By

NICHOLE SUE OLSON

A dissertation submitted in partial fulfillment of
the requirements for the degree of

DOCTOR OF PHILOSOPHY

WASHINGTON STATE UNIVERSITY
Department of Education

AUGUST 2015

© Copyright by NICHOLE S. OLSON, 2015
All Rights Reserved
© Copyright by NICHOLE SUE OLSON, 2015
All Rights Reserved
To the Faculty of Washington State University:

The members of the Committee appointed to examine the dissertation of NICHOLE SUE OLSON find it satisfactory and recommend that it be accepted.

____________________________
Laurie D. McCubbin, Ph.D., Chair

____________________________
Pamela Bettis, Ph.D.

____________________________
Marianne Barabasz, Ed.D.
ACKNOWLEDGEMENT

I would like to express my deepest gratitude to all of the individuals in my life who have supported me along my journey to become a Counseling Psychologist. First, I would like to thank my advisor, Dr. Laurie “Lali” McCubbin, for her ongoing support, guidance, gentle challenge, and encouragement. Her mentorship has been paramount in the development of my professional identity, as she has consistently encouraged me to believe in myself, recognize the value of my work, and give myself a voice. I would also like to thank Dr. Pam Bettis for introducing me to the fascinating world of qualitative research. Her passion, positivity, and enthusiasm have greatly helped me persevere throughout my years as a graduate student, and she has served as an excellent role model for the type of researcher that I strive to be. Lastly, I would like to thank Dr. Marianne Barabasz for supporting me throughout both my research and clinical training. I will be eternally grateful for each of my committee members and their contribution to my professional and personal growth.

I would also like to thank my husband, Ben, for his unconditional love, support, and acceptance over the past thirteen years. I recognize that being married to a doctorate student is no easy feat, and I sincerely appreciate all of the sacrifices he has made to support our family. He has always believed in me even when I have struggled to believe in myself, and his presence in my life has encouraged me to persevere throughout many of life’s challenges. I would also like to thank our sweet daughter, Nora, for brightening up my days, inspiring me to grow in so many unexpected ways, grounding me in the present moment, and reminding me of the important things in life. I am also very thankful for our border collie, Layla, whose incessant love of tennis balls and walks has encouraged me to take breaks and focus on self-care throughout my years as a graduate student. Additionally, I am incredibly appreciative of my
parent’s ongoing support, love, and patience throughout my life. They have always believed in me, encouraged me to follow my dreams, and supported me throughout all of my endeavors. I would also like to thank all of my peers, friends, and supervisors who have been there for me throughout my graduate school years. I feel extremely honored and grateful that I have had the opportunity to be part of such an amazing community at Washington State University.

Finally, I would like to thank all of the women and men I have met throughout my life who have had the courage to share their experiences of sexual assault. I have been continually honored and humbled to hear these narratives of strength and resilience, and their stories have been the primary inspiration for this dissertation. I would especially like to thank the 12 women who volunteered to be a part of this study. I feel privileged to have had the opportunity to learn from such an amazing group of courageous, passionate, and strong women, and they have instilled in me an enduring belief that it is possible to not only survive, but thrive in the wake of sexual assault.
POSITIVE ADAPTATION IN WOMEN FOLLOWING SEXUAL ASSAULT:
A GROUNDED THEORY STUDY

Abstract

by Nichole Sue Olson, Ph.D.
Washington State University
August 2015

Chair: Laurie D. McCubbin

Historically, the trauma literature has been grounded within the illness ideology and medical model, which focus on psychopathology and disease to the exclusion of health, well-being, and resilience. Thus, the vast majority of research on sexual assault has viewed its impact through a negative lens, focusing exclusively on the consequences of the experienced trauma in terms of distress and symptomatology. Although there is a plethora of research on the detrimental impact of sexual assault, relatively few studies have investigated the wide range of adaptive capabilities that survivors demonstrate. The current study employed a qualitative approach in order to provide a more holistic and integrated understanding of survivors’ experiences following sexual assault. Using grounded theory methodology, 12 women survivors of adult sexual assault were interviewed to determine how women understand the impact of sexual assault on their lives and the process of positive adaptation, as well as to identify various sociocultural influences that impact survivors’ experiences following sexual assault. The results of this study highlight the primary role of maladaptive shame throughout an individual’s process of healing from sexual assault. Various sociocultural, interpersonal, and intrapersonal experiences are identified that impact the experience of maladaptive shame in response to sexual
assault. This theory conceptualizes sexual assault as contributing to a shattering of the self, resulting in profound changes across four domains: (a) self-concept, (b) interpersonal relationships, (c) perceptions of safety, power, and control, and (d) meaning and spirituality. Although this shattering of the self can be experienced as highly distressing, it often promotes a process of rebuilding the self through four primary processes (e.g., accepting, connecting, reclaiming power, and creating meaning and purpose), which have the potential to promote personal growth and transformation across the same four domains that were experienced as shattered. Because maladaptive shame promotes an individual to engage in hiding, avoiding, and withdrawing behaviors, it can serve as a major barrier in the process of rebuilding the self. Directions for further research and clinical implications are discussed.
# Table of Contents

**Acknowledgements** ........................................................................................................................................................................ iii

**Abstract** ......................................................................................................................................................................................... vi-vi

**List of Tables** .................................................................................................................................................................................. x

**List of Figures** .................................................................................................................................................................................. xi

**Chapter**

1. **Introduction** ..................................................................................................................................................................................... 1

   A Historical Perspective on the Study of Trauma ................................................. 1

   Positive Psychology: A Different Perspective on Trauma ............................... 3

   Limitations of the Current Literature ............................................................... 5

   The Current Study: A Grounded Theory Study of Positive Adaptation ...... 7

   Purpose and Research Questions ....................................................................... 9

2. **Literature Review** ............................................................................................................................................................................. 11

   The Negative Impact of Sexual Assault on Psychological Functioning .... 12

      Posttraumatic Stress Disorder ................................................................. 12

      Other Psychological Disorders and Concerns ........................................... 14

      A Positive Perspective on Posttraumatic Responses ............................ 16

   Positive Psychology ............................................................................................. 18

      History of Positive Psychology ................................................................. 18

      What is Positive Psychology? ..................................................................... 20

      Assumptions of Positive Psychology ......................................................... 21

      Positive Psychological Perspectives on Trauma ...................................... 23
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery</td>
<td>24</td>
</tr>
<tr>
<td>What is Recovery?</td>
<td>24</td>
</tr>
<tr>
<td>Factors that Impact Recovery</td>
<td>26</td>
</tr>
<tr>
<td>Individual Characteristics</td>
<td>26</td>
</tr>
<tr>
<td>Demographic Factors</td>
<td>26</td>
</tr>
<tr>
<td>Prior Victimization and Mental Health</td>
<td>29</td>
</tr>
<tr>
<td>Coping Strategies</td>
<td>30</td>
</tr>
<tr>
<td>Causal Attributions and Self-Blame</td>
<td>34</td>
</tr>
<tr>
<td>Perceived Control</td>
<td>36</td>
</tr>
<tr>
<td>Assault Characteristics</td>
<td>37</td>
</tr>
<tr>
<td>Interactions with Informal and Formal Support</td>
<td>38</td>
</tr>
<tr>
<td>Limitations of Research</td>
<td>40</td>
</tr>
<tr>
<td>A Social Ecological Perspective on Recovery</td>
<td>42</td>
</tr>
<tr>
<td>Models Describing the Process of Recovery</td>
<td>47</td>
</tr>
<tr>
<td>Process of Recovery from the Perspective of Survivors</td>
<td>51</td>
</tr>
<tr>
<td>Resilience</td>
<td>54</td>
</tr>
<tr>
<td>What is Resilience?</td>
<td>54</td>
</tr>
<tr>
<td>Focus on Positive Adaptation and Well-Being</td>
<td>56</td>
</tr>
<tr>
<td>Social Ecological Perspective</td>
<td>57</td>
</tr>
<tr>
<td>Resilience Following Sexual Assault</td>
<td>59</td>
</tr>
<tr>
<td>Posttraumatic Growth</td>
<td>63</td>
</tr>
<tr>
<td>What is Posttraumatic Growth?</td>
<td>63</td>
</tr>
<tr>
<td>Posttraumatic Growth Following Sexual Assault</td>
<td>67</td>
</tr>
</tbody>
</table>

viii
3. METHODOLOGY ........................................................................................................... 81
   Research Design .............................................................................................................. 81
   Participants ...................................................................................................................... 83
   Procedure ......................................................................................................................... 85
   Ethics ............................................................................................................................... 86
   Data Analysis .................................................................................................................... 88
   Credibility ......................................................................................................................... 90
   Statement of Positionality ............................................................................................... 92
4. RESULTS ......................................................................................................................... 96
   Vulnerability to Experiencing Maladaptive Shame ...................................................... 96
      Sociocultural Impact on Experience of Shame ......................................................... 99
         Societal Silence Surrounding Sexual Assault ......................................................... 99
         Access to Education About Sexual Assault ............................................................ 100
         Negative Messages about Victims and Survivors .................................................. 102
         Victim-Blaming Societal Messages ....................................................................... 106
         Sexual Objectification of Women .......................................................................... 108
         Shame Associated with Sexuality .......................................................................... 111
         Experiences of Marginalization and Oppression ................................................... 113
         Individualistic Cultural Values .............................................................................. 115
   Interpersonal Impact on Experience of Shame ............................................................. 118
      Responses from Formal Sources of Support ............................................................... 119
      Responses from Informal Sources of Support ............................................................ 121
Intrapersonal Impact on Experience of Shame .........................125

Perceptions of Prior Traumatic Experiences .........................126

Attachment Relationships within Family of Origin ...............128

Perfectionism .......................................................................130

Interaction between Sociocultural, Interpersonal, and Intrapersonal Experiences .............................................131

Sexual Assault as a Shattering of the Self .............................132

Self-Concept ........................................................................134

Interpersonal Relationships ................................................135

Perceptions of Safety, Power, and Control ............................137

Meaning and Spirituality .....................................................139

Positive Adaptation as a Rebuilding of the Self .....................140

Accepting ...........................................................................142

Accepting that One has been Sexually Assaulted ...............142

Accepting and Expressing Emotions .................................143

Accepting and Forgiving the Self ......................................144

Accepting and Forgiving Others .......................................145

Connecting .........................................................................146

Embracing Vulnerability ....................................................146

Sharing Experiences of Sexual Assault with Others ..........147

Reclaiming Power ..............................................................149

Promoting Safety for Self and Others ...............................149

Reclaiming Control Over One's Life ................................150
LIST OF TABLES

1. Experiences Impacting Women's Vulnerability to Experiencing
   Maladaptive Shame Following Sexual Assault ........................................98

2. Participant's Perceptions of Negative and Positive Changes
   Following Sexual Assault ........................................................................133
LIST OF FIGURES

1. The process of positive adaptation following sexual assault. ...........................................97
Dedication

This dissertation is dedicated to my daughter, Nora. You inspire me to continue working to make the world a better place for all women and girls.
CHAPTER ONE
INTRODUCTION

Sexual assault is a highly pervasive social and public health problem in the United States that impacts the lives of countless women. Although the actual magnitude of sexual assault is extremely difficult to determine, a number of studies suggest that between 14% and 28% of women experience sexual assault at some point in their lives (Elliott, Mok, & Briere, 2004; Fisher, Cullen, & Turner, 2000; Koss, 1993a, 1993b; Masho & Ahmed, 2007; Tjaden & Thoennes, 2006). Finding the accurate prevalence rate of sexual assault is confounded by a number of variables, such as high levels of underreporting and nondisclosure by victims, varying definitions of sexual assault, and differential methodologies used to measure the pervasiveness of sexual assault (e.g., wording of screening questions, context of the interview, data collection procedures, sociodemographic characteristics of the sample, and extent to which rapport, privacy, and confidentiality are established; Koss, 1993a, 1993b). Additionally, finding one accurate prevalence estimate for all women is an artificial endeavor, as the occurrence of sexual assault varies significantly by age, race, ethnicity, sexual orientation, and other demographic variables (Tjaden & Thoennes, 2006). Although the true scope of sexual assault remains unknown, it is clear that sexual victimization is a frequent phenomenon in the lives of women.

A Historical Perspective on the Study of Trauma

Sexual assault is often considered one of the most traumatizing acts of interpersonal violence, and there is no question that it can have a profound and lasting impact on survivors (Briere & Scott, 2006; Koss, 1993b). Historically, the study of trauma, as well as much of the psychology field, has been grounded in the illness ideology and medical model of human psychological functioning, which focus on distress, psychopathology, illness, and disorder to the
exclusion of health, well-being, strength, and growth. Maddux, Snyder, and Lopez (2004) contended that the illness ideology “dictates that the focus of our attention should be disorder, dysfunction, and disease rather than health. Thus, it narrows our focus on what is weak and defective about people to the exclusion of what is strong and healthy” (p. 322). This is clearly represented in the psychological literature, which “emphasizes abnormality over normality, poor adjustment over healthy adjustment, and sickness over health” (p. 322). Additionally, the medical model likens psychological disorders to biological diseases that reside solely within the individual, without a consideration of the multiple social, interpersonal, and cultural factors that often contribute to such disorders. Thus, the study of trauma has narrowly focused on the distress and psychopathology experienced by survivors, mostly without consideration of the large numbers of individuals who are able to go on with their lives without experiencing serious psychological dysfunction following a traumatic event. Furthermore, the source of psychopathology and disorder has been located primarily within the individual, without accounting for the various sociocultural influences that impact the ways survivors experience, make sense of, cope with, and construct meaning regarding their traumatic experiences.

This pervasive ideology has resulted in the assumption that trauma inevitably leads to distress, symptomatology, and disorder, rather than resilience and growth. Hence, the vast majority of the theoretical and empirical literature on sexual assault has viewed its impact through a negative lens, exclusively focusing on the consequences of the experienced trauma in terms of psychopathology and distress. There is a plethora of research on the detrimental impact of sexual assault on the physical, psychological, and interpersonal functioning of the survivor, both in terms of acute and longitudinal responses to trauma (e.g., Ellis, Atkeson, & Calhoun, 1981; Koss, 1993b; McMullin, Wirth, & White, 2007; Rothbaum, Foa, Riggs, Murdock, &
Walsh, 1992). Additionally, the vast majority of this research focuses exclusively on the individual factors of the survivor that contribute to pathology and distress, rather than considering the sociocultural context in which trauma response and recovery take place.

There is no doubt that this body of research has been extremely beneficial and relevant when highlighting the importance of prevention efforts, advocating for public policy changes and the allocation of resources for victims, and working with or supporting survivors who are currently experiencing psychological distress. However, there is relatively little research on the survivors of sexual assault who have not experienced profound and long-lasting distress or psychopathology, those who have successfully moved through the healing process and gone on to lead full and satisfying lives, or those survivors who have found meaning in their suffering and experienced personal growth and transformation. This negative focus in the trauma literature overlooks survivors’ strength, resilience, and capacity to not only survive, but thrive in the face of extreme adversity.

**Positive Psychology: A Different Perspective on Trauma**

Recently, there has been increased recognition of the profound imbalance in scientific research on the negative versus the positive aspects of human functioning (e.g., Linley & Joseph, 2004a; Ryff & Singer, 2003; Seligman & Csikszentmihalyi, 2000), and a number of researchers have begun to challenge the illness ideology and medical model that have dominated much of psychology. These researchers have advocated for a paradigm shift within psychology, from a focus solely on distress and pathology to a focus that incorporates positive aspects of the human experience. Although this paradigm shift and the resulting body of research have been named “positive psychology,” it is not intended to be a new, specialized discipline; rather, positive
psychology is meant to provide a broad framework that integrates, conceptualizes, and promotes continued research on the more positive aspects of human functioning (Linley & Joseph, 2004a).

Several positive psychologists take the stance that focusing solely on the positive aspects of the human experience is just as limiting as the current trend of focusing exclusively on the negative, because it views the human condition from only one perspective. Instead, they advocate for the development of an integrated understanding that synthesizes literature on both the positive and negative aspects of the human experience (Joseph & Linley, 2008b). Furthermore, positive psychology takes a social ecological perspective in understanding the experiences of humans. Rather than viewing psychological disorders as analogous to biological diseases that exist solely within the individual, several positive psychologists highlight the importance of understanding the sociocultural context in which both distress and well-being manifest (e.g., Maddux et al., 2004). Thus, positive psychology challenges researchers and clinicians to take a more comprehensive approach to understanding the experiences of trauma survivors—from a focus solely on disorder to a broad understanding of the survivor’s full range of adaptive capabilities, and from a focus solely on the individual to a comprehensive understanding of the sociocultural context in which recovery from sexual assault takes place.

Although a focus on psychopathology and distress continues to dominate the trauma literature, there is a growing body of research demonstrating that many survivors are able to maintain or achieve high levels of well-being and psychological functioning following sexual assault, and some may even experience significant personal growth as a result of coping with the traumatic experience (e.g., Burt & Katz, 1987; Frazier, Tashiro, Berman, Steger, & Long, 2004; Grubaugh & Resick, 2007; Thompson, 2000; Veronen & Kilpatrick, 1983). Research on this phenomenon stems from a number of different fields, theoretical orientations, epistemological
perspectives, research traditions, and methodologies. Additionally, investigators have used a multitude of terms to describe the process of positive adaption following sexual assault, such as *recovery* (Herman, 1992), *healing* (Draucker et al., 2009), *adjustment* (Cole & Lynn, 2010), *coping* (Littleton & Breitkopf, 2006), *surviving* (Murphy, Moynihan, & Banyard, 2009), *resilience* (Zraly & Nyirazinyoye, 2010), *benefit-finding* (Helgeson, Reynolds, & Tomich, 2006), *meaning making* (Harvey, Mishler, Koenen, & Harney, 2000), *positive life changes* (Frazier, Conlon, & Glaser, 2001), *stress-related growth* (Frazier & Kaler, 2006), and *posttraumatic growth* (Tedeschi & Calhoun, 2004b). Although each body of research works to promote the common goal of highlighting strengths, minimizing distress, and enhancing well-being following sexual assault, these lines of inquiry have tended to remain isolated from one another without any integration, common language, or shared identity. The emerging field of positive psychology highlights the similarities in each of these areas of research and provides a “collective identity—a common voice and language for researchers and practitioners from all persuasions who share an interest in health as well as in sickness—in the fulfillment of potential as well as the amelioration of pathology” (Linley & Joseph, 2004a, p. 4).

**Limitations of the Current Literature**

Researchers in the past two decades have made significant strides in highlighting the adaptive capabilities of sexual assault survivors, specifically focusing on three forms of positive adaptation—recovery, resilience, and posttraumatic growth. However, the available research on the experiences of survivors following sexual assault is limited in a number of ways. First, the vast majority of research on sexual assault continues to be grounded in the illness ideology and focuses on the experiences of survivors purely through a negative lens. Even much of the research on positive adaptation following sexual assault is grounded within this ideology, and
focuses more on the factors that hinder recovery and lead to psychopathology than those that promote well-being and positive adaptation. For example, the measures utilized in the majority of this research have focused solely on distress and psychopathology (e.g., PTSD, depression, anxiety, and sexual dysfunction), and very few researchers have included measures that assess for the possibility of resilience and positive outcomes following sexual assault. Additionally, although the growing body of literature on resilience and posttraumatic growth following sexual assault is beginning to address the imbalance within the field, this research remains largely segregated from the rest of the trauma literature, with few attempts of synthesis and integration. A positive psychological perspective advocates for the development of an integrated theory that explains survivors’ experiences following sexual assault and synthesizes literature on negative and positive outcomes, distress and resilience, disorder and growth.

Second, the vast majority of studies on sexual assault rely solely on quantitative methods, which has limited the development of a more holistic understanding of the experiences of survivors. Much of this quantitative research has exacerbated the negative lens that dominates the trauma literature by offering survivors only forced-choice questions regarding their experiences following sexual assault, and then limiting these questions to the assessment of psychopathology. Even the majority of researchers investigating resilience and posttraumatic growth following sexual assault have utilized quantitative methods, assessing well-being and growth within predetermined domains. More qualitative studies are needed in order to fully capture the highly complex and personal experiences of sexual assault survivors.

Finally, sexual assault does not take place within social and cultural isolation. There are many individual, interpersonal, and societal factors that interact with one another and impact the experiences of survivors following sexual assault. However, the vast majority of research on
survivors of sexual assault has focused on the individual factors that impact trauma response and recovery (e.g., demographics, coping strategies, causal attributions, and self-blame), with little attention given to the impact of the survivor’s sociocultural context. This trend is consistent with the medical model, which assumes that the source of psychopathology and distress lies solely within the individual. Much more research that steps outside of the medical model is needed in order to develop a more comprehensive understanding of the experiences of survivors following sexual assault.

**The Current Study: A Grounded Theory Study of Positive Adaptation**

In order to address the aforementioned limitations of the literature, the current study employed a qualitative approach to investigate women’s understandings of their experiences following sexual assault and the process of positive adaptation. Qualitative methodology is particularly appropriate in developing a more holistic and integrated understanding of survivors’ experiences for a number of reasons. First, a qualitative approach focuses on the perceptions, worldviews, and subjective experiences of survivors themselves, allowing for the development of new or revised theories that are not embedded within the illness ideology and medical model that currently dominate the field. One of the major advantages of qualitative research is that it “does not begin with questionnaires developed from the point of view of the researcher or derived from general theories which may have little relation to the lived experience of the group of interest. Qualitative researchers recognize that there may be a variety of aspects of a phenomenon that are missed if we restrict people to forced-choice answers” (Banyard & Miller, 1998, p. 491). Instead, qualitative methodology allows for an in-depth examination of the phenomenon from the perspectives of women who have experienced sexual assault, while
avoiding the imposition of inappropriate assumptions and constructs derived from research within the illness ideology.

Second, a qualitative approach is particularly advantageous when investigating the complex individual, interpersonal, social, and cultural factors that interact with one another to impact the experiences of survivors. Although several scholars had advocated that the impact of sexual assault and the process of recovery can best be understood from a social ecological framework (Campbell, Dworkin, & Cabral, 2009; Havery, 1996; Neville & Heppner, 1999), so far this model has primarily been used to conceptualize and organize decades of existing quantitative studies, which have been heavily influenced by assumptions of the illness ideology. Although such complex processes would be almost impossible to investigate using solely quantitative methods, a qualitative approach is able to provide rich, complex, contextual descriptions of how survivors perceive, describe, and make sense of their experiences following sexual assault. Additionally, the thick description found in qualitative research is more able to capture both the diverse and shared experiences that survivors may have, identifying common themes while also honoring the multitude of voices and perspectives.

Finally, a qualitative approach is able to support the empowerment of survivors in numerous ways, which is closely aligned with the tenets and goals of positive psychology (Banyard & Miller, 1998). A unique strength of qualitative methods is that they foster a more collaborative approach to scientific inquiry by highlighting the importance of understanding a participant’s subjective perception and construction of personal meaning. Thus, a qualitative approach enables a participant to share their personal narrative in their own words and highlight the most salient aspects of their experience, rather than having to reduce their experience so that it fits into a number of forced-choice questions across predetermined domains. This
collaborative approach not only gives voice to the multitude of perspectives and understandings of survivors, but may also provide positive benefits for those participating in such research (Ullman, 2010). For example, Campbell and Adams (2009) found that many survivors of sexual assault volunteer to participate in in-depth interviews in order to use their stories to help other survivors and/or they believed that participation would be a beneficial aspect of their own recovery process. In another study investigating the impact of participating in interview research on sexual assault survivors, Campbell, Adams, Wasco, Ahrens, and Sefl (2010) found that the vast majority of participants described their experience as positive, beneficial, and insightful.

In order to ensure that voices of survivors were captured without the imposition of predetermined assumptions and constructs, the current study employed grounded theory methodology and interviews were conducted with 12 women. This approach consists of “systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories ‘grounded’ in the data themselves” (Charmaz, 2006, p. 2). Rather than interpreting the data based on existing theories which are heavily influenced by the medical model, this approach allowed for the development of a theory that is grounded in the data—in the thick, rich descriptions of women who have experienced sexual assault and have intimate knowledge of their own personal process of positive adaptation, as well as how the event has shaped their lives and how various sociocultural factors have influenced their experiences.

**Purpose and Research Questions**

The purpose of the current study was to generate a theory, grounded in qualitative data, which explains women’s experiences following sexual assault and the process of positive adaptation. Instead of narrowly focusing on just one aspect of survivors’ experiences (e.g., distress versus resilience, negative outcomes versus positive outcomes, posttraumatic
symptomatology versus posttraumatic growth, and individual versus sociocultural influences), this study provides a comprehensive and integrated understanding of the experiences of sexual assault survivors. More specifically, this study addressed the following research questions:

1. What are women’s understandings of the sociocultural, interpersonal, and intrapersonal influences that have impacted their experiences following sexual assault?
2. How do women describe their process of positive adaptation following sexual assault?
3. What are the processes and strategies that women employ following sexual assault to promote positive adaptation?
4. How do women describe the changes they have experienced as a result of coping with sexual assault?
CHAPTER TWO
LITERATURE REVIEW

The purpose of this chapter is to review the literature on positive adaption following sexual assault in an attempt to promote the integration of various lines of inquiry that focus on the strength, well-being, health, and growth found in survivors of sexual assault. It begins with a brief synopsis of the negative impact of sexual assault, as well as an overview of the field of positive psychology. The remainder of this chapter reviews research on positive adaptation following sexual assault, which is categorized into three broad areas: recovery, resilience, and posttraumatic growth. The research on the process of recovery following a sexual assault focuses on the healing process that survivors undergo in order to reduce symptomatology and achieve prior levels of functioning, as well as the factors that facilitate and impede this process (Briere & Scott, 2006; Herman, 1992). Other researchers have focused on the resilience demonstrated by many survivors when faced with a traumatic event, and the protective factors that enhance their ability to maintain adaptive functioning and development despite being faced with multiple risk factors related to psychopathology and distress (Bonanno, 2004; Bradley & Davino, 2007). Finally, a small but growing body of research on posttraumatic growth indicates that for many survivors, the process of recovery leads to positive psychological changes beyond previous levels of well-being and functioning (Calhoun & Tedeschi, 2006a; Frazier & Berman, 2008; Joseph & Linley, 2008c). Overall, this research does not attempt to downplay the negative effects of trauma; rather, it emphasizes the amazing potential of many individuals to transcend negative experiences in order to heal and experience personal growth.
The Negative Impact of Sexual Assault on Psychological Functioning

Posttraumatic Stress Disorder

There is a plethora of research on the negative impact of sexual assault on the psychological and interpersonal health of survivors. Survivors respond to traumatic experiences in remarkably different ways, and a multitude of symptoms and disorders have been associated with sexual assault (Briere & Scott, 2006). One of the most commonly researched trauma-related psychological disorders is posttraumatic stress disorder (PTSD), which is characterized by intense fear, helplessness, or horror after exposure to a traumatic event and the presence of symptoms in the following three domains: persistent re-experiencing of the traumatic event, avoidance of stimuli associated with the trauma and numbing of general responsiveness, and increased arousal (American Psychological Association, 2000). A number of studies have shown that survivors of sexual assault are at high risk for developing PTSD (e.g., Clum, Calhoun, & Kimerling, 2000; Faravelli, Giugni, Salvatori, & Ricca, 2004; Klump, 2006; Masho & Ahmed, 2007; Rothbaum et al., 1992), and that when compared with other traumatic events (e.g., physical assault, sudden injury, serious accident, threat to one's life, and seeing someone seriously hurt or killed), sexual assault has been found to be associated with higher rates of PTSD (Breslau, Davis, Andreski, & Peterson, 1991; Kilpatrick et al., 1989).

The research on the lifetime prevalence of PTSD in survivors of sexual assault is mixed, with estimates ranging between 30% and 65%. This is partially due to differing definitions of sexual assault (i.e., attempted versus completed rape, inclusion of other forms of unwanted sexual experiences), measures used to assess the presence of PTSD, and exclusion criteria for participation (i.e., adult sexual assault only versus the inclusion of survivors of childhood sexual abuse). In a representative, national study of 4,008 women, Resnick, Kilpatrick, Dansky,
Saunders, and Best (1993) found that 32% of survivors of completed rape reported experiencing PTSD in their lifetime and 12.4% met the diagnostic criteria within 6 months from the time of the study. These rates were similar for women who experienced other forms of sexual assault (i.e., attempted sexual assault, unwanted sexual contact, or sexual molestation)—30.8% reported PTSD in their lifetime and 13% reported current PTSD.

Masho and Ahmed (2007) found similar lifetime rates of PTSD in a cross-sectional survey of 1,769 adult female survivors of completed or attempted sexual assault. Additionally, they found that the risk of developing PTSD was higher among women who were sexually assaulted for the first time before the age of 18 (35.3%), as compared to those who were assaulted after the age of 18 (30.2%). However, it should be noted that this was a retrospective study investigating whether survivors of sexual victimization ever met the criteria for PTSD during their lifetime; no data was gathered regarding the presence of current symptoms, thus ignoring the possibility of positive adaptation following a period of distress.

Rothbaum et al. (1992) found higher rates in a prospective, longitudinal study of 95 adult female survivors of either completed or attempted sexual assault. Within a couple of weeks from the assault ($M = 12.64$ days), 94% of the participants experienced symptoms associated with PTSD and 65% of the participants met the diagnostic criteria for PTSD 1 month after the assault. After approximately 3 months, 47% of the participants continued to experience PTSD. Although this study utilized a longitudinal research design, no follow-up assessments were conducted past the 3 month interview in order to assess the long-term impact of sexual assault on the psychological functioning of survivors.
Other Psychological Disorders and Concerns

Sexual assault has also been found to be related to a number of other anxiety and mood disorders, such as panic disorder, obsessive-compulsive disorder (Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Burnam et al., 1988), social phobia, agoraphobia (Boudreaux et al., 1998), generalized anxiety disorder (Brawman-Mintzer, Monnier, Wolitzky, & Falsetti, 2005), depression (Burnam et al., 1988; Clum et al., 2000; Ellis, Atkeson, & Calhoun, 1981; Faravelli et al., 2004; Frank & Stewart, 1984; Kaukinen & DeMaris, 2005; Krakow et al., 2000; Mackey et al., 1992; Najdowski & Ullman, 2011), and bipolar spectrum disorders (Assion et al., 2009; Neria et al., 2008). PTSD is highly comorbid with many of these disorders (Pietrzak, Goldstein, Southwick, & Grant, 2011). For example, Boudreaux et al. (1998) found that 64% of a community sample of women with PTSD had at least one other psychological disorder.

Sexual victimization has also been found to be associated with increased rates of sleep disturbances (Krakow et al., 2000) and suicidal thoughts and behaviors (Ullman, 2004; Ullman & Brecklin, 2002). Additionally, some survivors turn towards alcohol or illicit substances in order to cope with the aftermath of the traumatic experience, and sexual assault has been associated with increased likelihood of developing a number of substance use disorders (Burnam et al., 1988; Grice, Brady, Dustan, Malcolm, & Kilpatrick, 1995; Kaukinen & DeMaris, 2005; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; McFarlane, Malecha, Gist, et al., 2005). For some survivors, this creates a vicious cycle in which substance use increases the risk of future assault, which subsequently leads to increased substance use (Kilpatrick et al., 1997). In addition, sexual assault can often have a negative impact on a survivor’s self-esteem and body image, with a number of studies demonstrating the relationship between sexual assault and disordered eating patterns (Dubosc et al., 2012; Fischer, Stojek, & Hartzell, 2010; Root, 1991;
Wonderlich et al., 2001). Sexual victimization has also been associated with a number of interpersonal and relational difficulties, such as fearful attitudes towards relationships (Harris & Valentiner, 2002), sexual dysfunction (Becker, Skinner, Abel, Axelrod, & Cichon, 1984; Burgess & Holmstrom, 1979b; van Berlo & Ensink, 2000), and increased risky sexual behavior (Deliramich & Gray, 2008).

Furthermore, the impact of sexual assault extends far beyond a list of associated symptoms and disorders. Traumatic events can have a profound impact on an individual’s core beliefs about self, others, the external world, and the very meaning of their life (Briere & Scott, 2006). Traumatic experiences can shatter a number of assumptions that survivors hold deeply, which can “throw the victim into a crisis that is both psychological and existential; the comfortable assumptions that had previously been valuable guides to daily living can no longer be trusted, and the world now seems unpredictable and incomprehensible” (Janoff-Bullman & Frantz, 1997, p. 92).

For example, many individuals firmly hold the assumption that there is a meaningful association between the personal attributes of individuals and the outcomes they experience; if they are a good, moral, hard-working person, they will experience positive life events and be protected from a multitude of misfortunes present in the world. When individuals experience traumatic events, this assumption often causes them to ask the question of “why me?” and search for their own possible contribution to the negative outcome (Janoff-Bullman & Frantz, 1997). Self-blame is a common phenomenon in sexual assault survivors, and it has been associated with poorer overall psychological adjustment (Frazier, 2003; Koss, Figueredo, & Prince, 2002; Meyer & Taylor, 1986). Additionally, this same person-outcome assumption may also cause others to look for the survivor’s role in the assault in order to reduce their own anxiety associated with a
random and unpredictable world, which leads to increased levels of victim-blaming. These shattered assumptions and the resulting sense of disintegration can initially be extremely distressing; however, this same process is believed to promote the search for meaning in the traumatic experience and in life itself, which often facilitates positive adaptation following trauma (Janoff-Bulman, 2006; Janoff-Bullman & Frantz, 1997).

**A Positive Perspective on Posttraumatic Responses**

Although there is indisputable evidence regarding the negative impact of sexual assault on the psychological functioning of many survivors, the vast majority of this research stems from the illness ideology framework and the assumption that the majority of posttraumatic responses are deviant and pathological, and that survivors that experience such symptoms are “disordered.” However, a number of researchers have reconceptualized these reactions as “adjustment strategies which allow rather than inhibit healthy, psychological functioning” (Esper, 1986, p. 26). For example, Briere and Scott (2006) contend that humans have an innate tendency to process memories associated with the trauma in order to move towards positive adaptation, and that “many of the ‘reliving’ symptoms of posttraumatic stress disorder (PTSD) can be conceptualized as recovery algorithms that humans have evolved over time in response to trauma exposure” (p. 67). This perspective views many of the responses commonly associated with psychopathology as potentially adaptive and “self-healing” processes that survivors undergo in order to achieve recovery following sexual assault.

Additionally, although not intended to do so, much of the research on the negative impact of sexual assault on psychological functioning supports the remarkable presence of positive adaptation following adversity. For example, the lifetime PTSD prevalence studies indicate that a substantial proportion of survivors (30% to 65%) do experience extreme distress and develop
PTSD following sexual assault; conversely, they also demonstrate that a significant number of survivors (between 35% and 70%) do not develop either acute or chronic PTSD, although these percentages are not articulated in the articles. Furthermore, many of the individuals who experience PTSD one month postassault no longer experience clinically significant symptoms after 3 months (Rothbaum et al., 1992), and the vast majority of survivors who have PTSD at some point in their life only experience symptoms for a limited period of time (Resnick et al., 1993). The illness ideology is clearly represented in these studies and can be seen in both the research questions and constructs assessed, which exclusively focus on psychopathology and diseases versus the inclusion of measures assessing positive adaptation and well-being.

There is no question regarding the importance of investigating the negative impact of sexual assault on survivors and developing appropriate treatments to ameliorate psychological distress; however, it is equally essential to gain a broader understanding of the impact of trauma on all survivors, not just those from clinical populations that are experiencing psychopathology. The prominent tendency in the trauma literature to focus on those “disordered” individuals who experience profound distress and symptomatology following sexual assault, to the exclusion of the individuals who experience positive adaptation, has limited the development of a holistic and integrated understanding of the recovery trajectories experienced by survivors of sexual assault. Additionally, by ignoring the strength, resilience, and ability to overcome and heal from sexual assault that is found in many individuals, the field is inadvertently stripping away hope from both survivors and mental health professionals that positive adaptation is not only possible, but probable. However, a number of researchers from different areas have challenged the illness ideology that psychology and trauma research is founded upon, and have proposed a paradigm shift that emphasizes human strength and potential.
Positive Psychology

Although the psychological literature offers a comprehensive understanding of the etiology and risk factors associated with psychopathology and disease, relatively little is known about the processes or factors that promote human mental health, well-being, and positive adaptation. Recently, there has been increased recognition of the profound imbalance in scientific research on the negative (i.e., pathology, disease, dysfunction) versus the positive (i.e., resilience, thriving, well-being) aspects of human functioning (e.g., Linley & Joseph, 2004a; Ryff & Singer, 2003; Seligman & Csikszentmihalyi, 2000), and a number of researchers have begun to challenge the illness ideology and medical model that have dominated much of psychology. In order to address this disparity, the field of positive psychology has begun to flourish and has prompted a number of researchers to shift their emphasis from “a preoccupation with the reparation of defect to the building of defense, from a focus on disease and deficit to the strength and virtue in human development” (Yates & Masten, 2004, p. 526).

History of Positive Psychology

The contemporary field of positive psychology began after Martin E. Seligman’s Presidential Address to the American Psychological Association’s Annual Convention in 1999 (as cited in Seligman & Csikszentmihalyi, 2000). Seligman contended that psychology originally had 3 central missions—“curing mental illness, making the lives of all people more productive and fulfilling, and identifying and nurturing high talent” (Seligman & Csikszentmihalyi, 2000, p. 6). However, after World War II and the establishment of the Veterans Administration and the National Institute of Mental Health, psychology became largely based within the illness ideology and medical model. Thus, psychology became a “healing discipline,” focusing solely on curing mental illness and neglecting the other principle missions
of the organization. Seligman highlighted this omission, and promoted a paradigm shift towards a more positive psychology.

Although Seligman coined the term “positive psychology” in 1999, this was not a new concept to many philosophers, researchers, and clinicians. Interest in the positive aspects of human existence dates back to Aristotle’s concept of eudaimonia (Jørgensen & Nafstad, 2004), and can be seen throughout much of modern psychology, especially in the humanistic and existential approaches. Topics that may now be considered to fall under the positive psychology umbrella include Rogers’s emphasis on the fully functioning person (1961), Maslow’s concept of self-actualization (1950), and Frankl’s description of the search for meaning in suffering (1959), among many others. More recently, a number of researchers have focused on conceptualizing mental health as much more than the mere absence of symptoms and psychopathology, but also as the presence of positive functioning and well-being (Keyes, 2005; Keyes & Michalec, 2010; Keyes & Waterman, 2003). Additionally, many of the values of positive psychology are also espoused by the counseling psychology field, which places more of an emphasis on strengths and assets, positive mental health, developmental processes, and the prevention of psychological difficulties (Linley, 2006; Lopez et al., 2006). As such, the concepts and values underlying positive psychology are nothing new; however, the presence of a unified body of research that challenges the illness ideology and advocates for a more integrated and holistic understanding of the human experience is a new and needed addition to the field of psychology (Joseph & Linley, 2006; Seligman, Steen, Park, & Peterson, 2005).
What is Positive Psychology?

Since its inception, the term *positive psychology* has been somewhat ambiguous and has been defined in a number of diverse ways. Seligman and Csikszentmihalyi (2000) stated that positive psychology:

…at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (p. 5)

As such, many positive psychologists conduct valuable research on those human characteristics, virtues, strengths, and experiences that foster mental health, happiness, and fulfillment (e.g., Seligman et al., 2005).

Several researchers have argued that positive psychology is about much more than simply focusing on the positive sides of human functioning. For example, Joseph and Linley (2008b) contended that “shifting the focus of our attention solely to the positive side, however, is as unbalanced as was the focus on the negative: it falls into the same abyss through seeing the human condition through only one lens, from only one perspective” (p. 342). Instead, they advocate for the development of an integrated understanding that synthesizes literature on both the positive and negative aspects of the human experience. In the first issue of *The Journal of Positive Psychology*, Linley, Joseph, Harrington, and Wood (2006) developed an integrated
definition of positive psychology that draws from a number of different research traditions.

They defined positive psychology as:

…the scientific study of optimal human functioning. At the meta-psychological level, it aims to redress the imbalance in psychological research and practice by calling attention to the positive aspects of human functioning and experience, and integrating them with our understanding of the negative aspects of human functioning and experience. At the pragmatic level, it is about understanding the *wellsprings, processes* and *mechanisms* that lead to desirable *outcomes*. (p. 8)

Positive psychology is not intended to be a new, specialized discipline, but a framework that works to integrate, conceptualize, and promote continued research on the more positive aspects of human functioning (Linley & Joseph, 2004a). Thus, it has “begun to provide a framework in which researchers and practitioners with different interests and agendas are able to communicate with each other, and locate their findings within a broader classificatory context” (Linley et al., 2006). As such, there are many psychologists whose work falls within the scope of this framework who do not identify themselves as positive psychologists. Additionally, several of the prominent positive psychologists anticipate the day that field of positive psychology disappears altogether, as this more holistic and integrated framework is incorporated into the values and assumptions of mainstream psychology and is no longer needed (Diener, 2003; Linley et al., 2006).

**Assumptions of Positive Psychology**

Joseph and Linley (2008a) delineated several assumptions of positive psychology, which lie in stark contrast to the assumptions underlying the illness ideology and medical model of human psychological functioning. First, positive psychology is concerned with *both* the positive
and negative aspects of the human experience. As such, positive psychology is founded on the assumption that “the study of health, fulfillment and well-being is as meritorious as the study of illness, dysfunction, and distress” (Linley et al., 2006, p. 6). In relationship to the field of trauma, the task of positive psychologists is not merely to focus on the positive aspects of the experience, but to synthesize the positive with the negative in order to create a more integrated understanding of trauma response and recovery.

The second assumption underlying positive psychology is that “psychopathology, clinical problems, and clinical populations, differ only in degree, not in kind, from normal problems in living, nonclinical problems, and nonclinical populations: They are considered to be related entities falling somewhere on a continuum of human functioning” (Joseph & Linley, 2008a, p. 7). This dimensional approach supports the study of both positive and negative aspects of human functioning, as they are related constructs and, therefore, can be explained by the same psychological theories and models. When applied to trauma, this suggests that posttraumatic stress symptoms lie on a continuum of adaptive behavior, and that individuals with PTSD are experiencing a higher degree of distress, rather than a distinctly pathological reaction.

Third, positive psychology takes a social ecological perspective in understanding human distress and psychopathology. Psychological disorders are not analogous to biological diseases that reside solely within the individual; rather, “ineffective patterns of behaviors, cognitions, and emotions are construed as problems in living, not as disorders or diseases. Likewise, these problems in living are construed not as located inside individuals but in the interactions between the individual and other people, including the larger culture” (Maddux et al., 2004, p. 330). This perspective takes the focus off of “disordered individuals,” and instead highlights the importance of understanding the context in which both distress and well-being manifest. Additionally, this
stance indicates that the role of positive psychologists should be to identify and promote
strengths, resources, and mental health in individuals, families, communities, and the larger
society, and not merely focus on ways to “cure” individuals from disorder.

Positive Psychological Perspective on Trauma

The field of positive psychology does not attempt to downplay the significant suffering
that many survivors of trauma endure, nor does it discredit the decades of research on
psychopathology and distress. Linley and Joseph (2004a) described the role of positive
psychology as offering an alternative to the traditional illness ideology that predominates much
of psychology:

   Instead of attempting to capture varied nuances of human behavior as being
   representative of some underlying psychopathology, applied positive psychologists,
   instead, look to people’s strengths, capacities, and resources, the key attributes and assets
   that have allowed them to survive, and in some cases flourish, despite the obstacles that
   they have faced. That is not to say that illness and disorder are to be neglected, but
   simply that they should be regarded as but one aspect of the person’s experience. (p. 8)

Therefore, positive psychology is not advocating that we begin to “look on the bright side” and
ignore the suffering and distress that is present in many survivors of trauma. Instead, it
challenges researchers and clinicians to take a more comprehensive approach to understanding
the impact of trauma, from a focus solely on disorder to a more broad understanding of the
survivor’s full range of adaptive capabilities and recovery trajectories (Ai & Park, 2005).

Positive psychology has the potential to provide a unifying conceptual framework for the
multitude of strength-oriented approaches to understanding trauma; however, there remains
significant disagreement about the terminology used to describe this phenomenon. The term
positive adaptation, as used in this paper, is meant to serve as a broad term that encompasses all of the diverse research traditions investigating how individuals maintain or achieve high levels of well-being and psychological functioning following sexual assault. The term positive adaptation has been associated with both the resilience (Masten & Wright, 2010) and posttraumatic growth (Linley, 2003) research traditions, each claiming that the term refers exclusively to their own construct. For example, Linley (2003) contends that:

Positive adaptations represent more than simply a homeostatic return to a baseline of pretrauma functioning, or resilience against the negative effects of a traumatic event.

Rather, positive adaptations may be likened to a springboard that propels the survivor to a higher level of functioning than that which they held previously. (p. 602)

However, for the purpose of this paper, positive adaptation is meant to encompass both the posttraumatic growth and resilience fields, as well as other strength-based approaches investigating the impact of trauma on the lives of survivors. The remainder of this chapter will review the literature on three distinct, yet overlapping areas of research on positive adaptation following sexual assault—recovery, resilience, and posttraumatic growth—in an attempt to provide a more holistic and integrated understanding of the impact of trauma on the lives of survivors.

Recovery

What is Recovery?

Although the term recovery has been used frequently in the trauma literature, it has been poorly defined and the criteria indicative of successful recovery has rarely been delineated or made explicit (Smith & Kelly, 2001). This lack of a precise definition is further complicated by a number of terms that are used to describe the recovery process, such as healing (Draucker et
Lepore and Revenson (2006) likened the process of recovery to a tree that bends to accommodate strong winds, but resumes its original position after the storm has passed. Thus, recovery can be defined as “a trajectory in which normal functioning temporarily gives way to threshold or subthreshold psychopathology (e.g., symptoms of depression or posttraumatic stress disorder [PTSD]), usually for a period of at least several months, and then gradually returns to pre-event levels” (Bonanno, 2004, p. 20). Bonanno contended that recovery is distinct from resilience, which involves the ability to maintain a state of equilibrium throughout adversity. However, several researchers have conceptualized recovery as a form of resilience, arguing that even those individuals who take a substantial amount of time to resume normal functioning are resilient, especially when compared to those who never recover (Lepore & Revenson, 2006; Masten & Wright, 2010). Although the constructs of recovery and resilience are interrelated and may have substantial overlap, they come from distinct research traditions and will be conceptualized as separate trajectories of positive adaptation for this review.

The literature on recovery from sexual assault primarily falls within three main domains. First, research on factors that hinder or promote successful recovery has received a substantial amount of empirical and theoretical attention. Second, a number of researchers have also looked beyond the factors that impact outcomes to the investigation of the process of recovery. Finally, a much smaller body of qualitative research investigates the process of recovery from the perspective of the survivor.
Factors that Impact Recovery

The presence of both acute and chronic psychological reactions following sexual assault is clearly demonstrated in the literature; however, it has also been found that survivors respond to traumatic events in profoundly different ways—some may develop a psychological disorder that endures for months or even years, whereas others may only experience mild and transient symptoms (Briere & Scott, 2006; Lenox & Gannon, 1983; Resick, 1993). This phenomenon has prompted a plethora of researchers to investigate the multitude of factors that may either promote recovery or put an individual at risk for long-term consequences. The key findings of this expansive body of literature will be reviewed here in the following three domains: (a) characteristics of the individual, (b) characteristics of the assault, and (c) interactions with informal and formal support systems. Additionally, a social ecological model of sexual assault recovery (Campbell et al., 2009; Havery, 1996; Neville & Heppner, 1999) will be reviewed that integrates this large body of research into a comprehensive framework.

**Individual characteristics.** The majority of the research on the factors that impact recovery in sexual assault survivors has focused on the characteristics of the individual. Researchers have investigated a multitude of demographic factors, as well as prior mental health and previous experiences of victimization, in an attempt to differentiate survivors who are at a higher risk of developing psychopathology. Additionally, survivor’s coping strategies, causal attributions, and perceptions of control following sexual assault have received a substantial amount of empirical attention in an attempt to identify adaptive responses to trauma, which may then have the potential to inform psychological interventions.

**Demographic factors.** Several researchers have looked at the impact of demographic factors (e.g., age, race/ethnicity, socioeconomic status [SES]) on recovery following sexual
assault and have found conflicting results. For example, there has been mixed findings on the impact of age at the time of assault on recovery. A number of researchers have found that women assaulted at a younger age are at increased risk for PTSD (Masho & Ahmed, 2007) and poorer overall adjustment (Cohen & Roth, 1987). However, Frank and Stewart (1984) found that older survivors of a recent sexual assault were at a higher risk for developing depression than younger women, and Wyatt, Notgrass, and Newcomb (1990) found that older women were more at risk for developing negative short and long-term psychological effects. Others have found no relationship between age and post-assault adjustment (Bownes, O’Gorman, & Sayers, 1991; Ullman & Filipas, 2001). In a study of 127 adult female survivors of sexual assault, Sales et al. (1984) described a more complex picture of the impact of age on recovery. They found that younger individuals displayed more symptoms in the period immediately following the assault, whereas older survivors reported fewer acute symptoms but experienced a more extended period of distress. However, it should be noted that the participants were asked to retrospectively recall their symptoms before and immediately after the assault, rendering these results tenuous at best.

Findings on the relationship between socioeconomic status (SES) and recovery following sexual assault also remains mixed. Although several researchers have found that lower SES or higher levels of financial stress were related to poorer psychological functioning (Cohen and Roth, 1987; Regehr, Cadell, & Jansen, 1999), others have found no relationship (Bownes et al., 1991; Mackey et al., 1992). The relationship between education and postassault psychological functioning also remains unclear, as several researchers have found a negative correlation between education level and negative symptomatology (Ullman & Filipas, 2001), whereas others
have found no effect (Burnam et al., 1988; Frank & Stewart, 1984; Ullman, Filipas, Townsend, & Starzynski, 2006, 2007).

The majority of researchers investigating the impact of race and ethnicity on psychological outcomes following sexual assault have found no differences in terms of levels of PTSD (Ullman et al., 2006; Ullman, Filipas, et al., 2007; Ullman & Filipas, 2001), depression (Frank & Stewart, 1984), or overall psychological functioning (Burnam et al., 1988; Wyatt, 1992). For example, in a cross-sectional study of 3,123 adults, Burnam et al. (1988) found that Hispanic and non-Hispanic women with histories of sexual assault did not differ in terms of depression, substance abuse/dependence, phobias, panic disorder, or obsessive compulsive disorder. Additionally, a study investigating intimate partner sexual assault in 148 women found that Hispanic women had significantly higher rates of PTSD than African American or Caucasian women, but did not differ in terms of overall psychological functioning, depression, anxiety, or somatization (McFarlane, Malecha, Watson, et al., 2005).

Additionally, in a longitudinal study of 55 African American and Caucasian survivors of sexual assault, Wyatt (1992) did not find any ethnic differences in terms of physical health, psychological symptoms (fear, anger, anxiety, depression, and preoccupation with the assault), or sexual functioning. However, Wyatt did find that African American women were significantly less likely to disclose the sexual assault to others. In a qualitative study examining the disclosure patterns of 12 African American female sexual assault survivors, Washington (2001) identified several culture-specific barriers to disclosure, including inadequate sexual violence education, hesitancy to talk about issues regarding sex with family members, the sociocultural norm that survivors should not openly discuss sexual victimization by African American perpetrators in order to protect the image of the Black community, and the stereotypical image of the matriarch...
and the myth of the “Strong Black Woman.” Additionally, Ullman and Filipas (2001) found that survivors of color were more likely to receive negative reactions to their disclosure than White women.

Although there is little support for the impact of race/ethnicity on the outcomes of sexual assault, this does not imply that race and ethnicity do not play integral roles in the recovery process. Because women of color are faced with a variety of additional issues, such as the historical objectification and victimization of their bodies, systematic oppression, and discrimination, their experience of sexual violence may be significantly different from the experiences of White women. Many of these factors will have an impact on the ways in which women of color experience, interpret, cope with, make meaning of, and heal from sexual assault. Although a number of researchers have advocated for the inclusion of the sociocultural context when investigating sexual assault, the research in this area remains limited (Bryant-Davis, Chung, & Tillman, 2009; Campbell et al., 2009; Singh, 2009; Wyatt 1992).

**Prior victimization and mental health.** History of prior sexual victimization or exposure to violence is related to poorer overall adjustment (Cohen & Roth, 1987), depression (Frank & Stewart, 1984; Regehr, Cadell, et al., 1999), and PTSD (Koss et al., 2002; Ullman, Filipas, et al., 2007). For example, McFarlane, Malecha, Watson, et al. (2005) found that women who had experienced more than one sexual assault were approximately three times more likely to either begin or increase current substance use when compared to women who reported only one sexual assault.

Additionally, several researchers have found that a woman’s psychological health prior to the assault has a significant impact on recovery (Sales et al., 1984), whereas others have found no relationship (Bownes et al., 1991; Regehr, Cadell, et al., 1999). For example, Sales et al.
(1984) found that the existence of pre-existing symptoms was significantly correlated with distress in the immediate aftermath of the assault, but this relationship was no longer significant after 6 months. However, this study was retrospective in nature and the results should be interpreted with caution. Regehr, Marziali, & Jansen (1999) conducted a qualitative study of 6 survivors of sexual assault and found that those who had positive early life experiences reported lower levels of distress than the women who reported prior traumatic events. They concluded that these women had already developed negative views of themselves and others, which were then reinforced by the trauma and prevented them from engaging in adaptive coping behaviors.

**Coping strategies.** Coping can be defined as “efforts made in response to stimuli experienced as threatening or stressful – efforts aimed both at reducing the anxiety that those stimuli create and at reducing the interference of the stimuli with one’s capacity to function” (Burt & Katz, 1988, p. 345). The first empirical study investigating the impact of different coping strategies on adjustment following sexual assault was completed by Burgess and Holmstrom (1976, 1979a). They conducted qualitative interviews with 81 survivors who had experienced sexual assault an average of 4-6 years prior to the study regarding the coping strategies they employed, and labeled these as either successful or maladaptive depending on a self-reported recovery time. The “defense mechanisms” most frequently endorsed by their sample were: explanation (attempts to understand why the assault occurred), minimization (comparing their situation to worse scenarios), suppression (avoiding thoughts about the assault), action (staying busy), and dramatization (frequently expressing emotion and talking about the experience with others). Burgess and Holmstrom found that survivors who actively engaged in one of these coping strategies reported shorter recovery times, whereas those who engaged in
maladaptive strategies (i.e., reduced activity, withdrawal from social support, and substance use) experienced poorer overall adjustment.

Building off of this work, Meyer and Taylor (1986) developed a coping questionnaire and identified the following seven coping scales through factor analysis: suppression, minimization, stress reduction, activity, precautionary behavior, withdrawal, and remaining home. When they compared these coping strategies to outcomes (depression, sexual dissatisfaction, and fear) in 58 women who had been sexually assaulted within 2 years from the study, they found that the only coping strategy that was associated with positive adjustment was stress reduction (e.g., meditation) and engaging in precautionary behaviors, whereas remaining home and withdrawing from others were related to poorer outcomes. The remaining three coping strategies (suppression, minimization, and activity) were not related to outcomes. They also found that when the survivors were asked an open-ended question about what they had done since the rape to make themselves feel better, the women reported seeking counseling (45%), using precautionary measures (36%), talking to friends and family about their experience (27%), and making life changes such as quitting their job or changing residence (18%).

In a third study of coping behaviors in sexual assault survivors, Cohen and Roth (1987) distinguished between two distinct forms of coping – those that are oriented towards the threat (approach) and those that are oriented away from the threat (avoidant). Each coping style has its associated costs and benefits—although approach strategies can facilitate the processing and integration of traumatic memories, they also can lead to increased distress. On the other hand, avoidant strategies can reduce short-term distress and facilitate the resumption of daily activities, but they can also lead to harmful avoidant behaviors (e.g., self-medicating through alcohol or drugs) and interfere with the processing and integration of the trauma that is necessary for
recovery. These forms of coping are not thought to be mutually exclusive; a survivor may fluctuate between approach and avoidance or may concurrently use different strategies for certain aspects of the traumatic experience. The participants in this study were 72 adult women who had been sexually assaulted an average of 8 years prior to the study. Surprisingly, Cohen and Roth found that both approach and avoidant forms of coping were related to poorer outcomes (e.g., psychological symptoms, difficulties with social adjustment). However, other researchers have found only an association between avoidant coping and poorer adjustment (Ullman, Townsend, Filipas, & Starzynski, 2007; Ullman, Filipas, et al., 2007).

Burt and Katz (1987, 1988) investigated coping styles in a sample of 113 adult survivors of sexual assault and identified 5 coping styles through factor analysis: avoidance (sleeping a lot, avoiding others, ignoring thoughts and feelings associated with the rape), expressive (expressing thoughts and feelings, talking with others, making positive changes in life), nervous/anxious (staying home, changing daily routine, avoiding thoughts about the assault), cognitive (looking at situation from a new perspective, trying to gain an intellectual understanding of the assault), and self-destructive (blaming self for assault, using substances, engaging in risky behaviors). The survivors filled out two questionnaires assessing their use of these coping strategies – one measuring their current use and the other providing a retrospective assessment of their coping behaviors immediately following the assault. Results indicated that scores on the avoidance, nervous/anxious, and self-destructive scales were associated with higher levels of negative symptomatology. They found that avoidance and cognitive strategies were most frequently used immediately following the assault. However, Burt and Katz also found that the overall use of coping strategies was related to negative symptomatology. They suggested that coping behaviors are higher when the survivor is actively distressed by the assault, and that the necessity
of utilizing coping strategies gradually diminishes over time as the survivor moves towards recovery. They also found that with the exception of expressive behaviors, which increased over the course of recovery, all of the other coping strategies decreased over time.

Frazier and Burnett (1994) conducted a study on the impact of immediate coping behaviors on psychological adjustment (depression, overall psychological symptoms) 3 days following an assault in 67 women receiving services in an emergency room from the Sexual Assault Resource Service (SARS) program. They found that thinking positively and taking precautions were the most frequently endorsed coping strategies, and that withdrawing from others and staying home were the least common. Additionally, whereas staying home and withdrawing were related with higher levels of symptoms, thinking positively and suppressing negative thoughts were associated with lower symptoms. When asked an open-ended question about things the survivors had done since the assault that have been helpful, the most frequently reported strategies were talking and expressing emotions about the experience (46%) and getting support from friends and family (45%). Other strategies reported included seeking counseling, keeping busy, stress reduction techniques, and working with the police to press charges against the assailant. Additionally, Frazier and Burnett coded each of these responses as either approach or avoidant coping strategies and found that the majority of survivors described approach responses (75%; i.e., talking about the assault). They also found that the use of behavioral coping strategies (91%; engaging in some behavior) were much more common than either emotional (16%; affective response to the problem) or cognitive strategies (6%; thinking about the problem). Although this was the first study to provide information about the coping behaviors utilized by survivors immediately after an assault, no information was collected on the impact of these coping strategies on later psychological functioning and recovery.
Causal attributions and self-blame. Another factor that is believed to have an impact on recovery is the attribution made by sexual assault survivors regarding the cause of the assault. Self-blame is a pervasive phenomenon following sexual assault (Meyer & Taylor, 1986; Wyatt et al., 1990) and although many researchers view it as dysfunctional, it has been suggested that engaging in certain forms of self-blame may be adaptive following traumatic experiences. Janoff-Bulman (1979) proposed that there are two distinct kinds of self-blame: behavioral self-blame “is control related, involves attributions to a modifiable source (one’s behavior), and is associated with a belief in the future avoidability of a negative outcome” (p. 1798), whereas characterological self-blame “is esteem related, involves attributions to a relatively nonmodifiable source (one’s character), and is associated with a belief in personal deservingness for past negative outcomes” (p. 1798). Janoff-Bulman contended that although characterological self-blame leads to more distress following sexual assault because it involves attributions to stable aspects of the individual (i.e., “I am a bad person,” “I deserved to be raped”), behavioral self-blame (i.e., “I shouldn’t have gone to his house alone”) involves the belief that one can engage in certain behaviors to avoid future misfortune and is an adaptive attempt to re-establish a sense of control over the environment.

In a preliminary study of this hypothesis Janoff-Bulman (1979) asked 48 rape crisis centers to give estimates on the percentage of rape survivors they work with who engage in self-blame. Results indicated that behavioral self-blame is a more common phenomenon in rape survivors (69%) than characterological self-blame (19%), and on the basis of this data, Janoff-Bulman contended that behavioral self-blame represents a functional response. However, the fact that rape crisis centers estimated higher rates of behavioral self-blame in survivors of sexual assault does not necessarily demonstrate that it is an adaptive strategy. Koss et al. (2002) found
support for this theory in a sample of 267 survivors of sexual assault. They found that attributing the cause of the assault to one’s character resulted in poorer health outcomes (PTSD, social adjustment, and general psychological symptoms), whereas behavioral self-blame offered a small, but significant amount of protection from postassault distress. However, they interpreted these results with caution, as the behavioral and characterological self-blame scales were highly correlated with one another. Additionally, when this study was replicated longitudinally, Koss & Figueredo (2004) found that decreases in behavioral self-blame over a 2 year period following a sexual assault promoted recovery.

Although this theory has prompted a number of researchers to investigate the impact of self-blame on recovery, the vast majority have not found empirical support. Meyer and Taylor (1986) investigated the relationship between post-assault symptomatology (i.e., fear, depression, and sexual dissatisfaction) and behavioral and characterological self-blame in a sample of 58 women who had been sexually assaulted within 2 years from the study. Although they found support for the distinction between the two forms of self-blame and high rates of both in the survivors, they also found that both behavioral and characterological self-blame were associated with poorer adjustment.

Likewise, in a sample of 67 women seeking services from a hospital-based rape crisis program (SARS), Frazier (1990) found that both behavioral and characterological self-blame were related to depression 3 days following the assault. Although the results indicated that many of the survivors engaged in some form of self-blame, the majority of them blamed the causes of the assault on external factors (i.e., the assailant, chance, or society). Additionally, it was found that the two kinds of blame were significantly correlated with one another, and Frazier suggested that this may be due to the difficulty of attributing the assault to one’s behavior without also
blaming one’s character. Frazier and Schauben (1994) replicated these findings in a study of 282 female undergraduate students.

**Perceived control.** Overall the consensus has been that all forms of self-blame are not adaptive responses to sexual assault. However, several researchers have found support for Janoff-Bulman’s (1979) claim regarding the importance of reestablishing a sense of control in the aftermath of trauma (Frazier, 1990, 2003; Frazier & Schauben, 1994; Regehr, Cadell, et al., 1999). For example, Frazier and Schauben (1994) and Frazier (1990) found that behavioral self-blame was associated with the survivor’s belief that the past assault could have been avoided, but not with their belief that they could avoid future victimization. As such, many survivors who focus on what they could have done differently in the past to avoid the assault do not necessarily make the cognitive shift to the belief that they can control the occurrence of future assaults. However, those survivors who believed that future assaults could be avoided reported better postassault functioning.

Frazier (2003) contended that the temporal nature of perceived control (i.e., past, present, and future control) has a significant impact on recovery following sexual assault. In a longitudinal study of 171 survivors of sexual assault within the first year of their recovery, Frazier found that perceived past control (behavioral self-blame), or the belief that the survivors could have engaged in behaviors to avoid the assault, was related to higher levels of psychological distress at all 4 time periods assessed. Additionally, blaming the assailant for the assault (vicarious past control) was related to higher levels of distress. Future control, or engaging in precautionary behaviors to prevent future assaults, was not related to distress; however, the belief that future assaults are less likely to occur was associated with lower levels of distress. Conversely, the belief that one has control over the recovery process (present
control) was significantly related to lower levels of distress across all 4 time periods. Frazier concluded that it is much less adaptive to focus on the past, ascribe blame to either the self or perpetrator for the assault, or focus on how assault can be avoided in the future, than it is to focus on one’s ability to control the recovery process in the present moment. In support of this conclusion, Regehr, Cadell, et al. (1999) also found that sexual assault survivors who reported higher levels of perceived control over their lives (internal locus of control) experienced lower rates of depression and PTSD, and Ullman, Filipas, et al. (2007) found that perceived present control over recovery was related to lower levels of PTSD.

Furthermore, Frazier, Mortensen, and Steward (2005) built upon this research and investigated whether coping strategies were mediators of the relationship between perceived control and distress. In a longitudinal study of 171 survivors from 2 weeks to 1 year after a sexual assault, they found that past control (behavioral self-blame) was related to the use of social withdrawal and problem avoidance coping strategies, whereas present control over the recovery process was associated with higher levels of coping through cognitive restructuring and expressing emotions. They suggested that survivors who engage in high levels of self-blame may be more hesitant in reaching out to others and talk about their experiences out of fear of being blamed for the assault.

**Assault Characteristics.** A number of researchers have investigated the impact of assault characteristics on the psychological functioning of survivors. Overall, most have found a positive correlation between the level of force used during the assault and distress (Cohen & Roth, 1987). For example, Norris & Feldman-Summers (1981) found that the severity of the assault (i.e., use of weapon, nature of threats, injuries sustained, needed medical attention) was significantly related to increased psychosomatic symptoms, such as headaches, menstrual
problems, anxiety, and substance use in a study of 179 adult survivors of sexual assault. Wyatt et al. (1990) also found that the severity of completed and attempted rapes and the number of repeated rapes per incident were related to poorer overall psychological adjustment and sexual functioning. Several researchers have found that although the severity of violence during an assault was not related to more negative outcomes, the survivor’s perceived life threat was strongly related to poorer adjustment (Sales et al., 1984; Ullman, Filipas, et al., 2007; Ullman & Filipas, 2001). Additionally, Ullman et al. (2006) found that the victim-offender relationship has an impact on postassault functioning, and that assaults by strangers and relatives were associated with higher rates of PTSD than assaults by romantic partners and acquaintances in 1,084 female sexual assault survivors. However, several researchers have found that the victim-offender relationship was not related to PTSD symptoms (Ullman, Filipas, et al., 2007; Ullman & Filipas, 2001).

Koss et al. (2002) argued that a survivor’s experience with past violence has much more of an impact on recovery than the characteristics of the current crime. In a sample of 267 adult sexual assault survivors, they found that women who had prior exposure to violence experienced more general distress and PTSD, were more likely to attribute the cause of the assault to their character, and held more beliefs that represent maladaptive responses to trauma. A history of violence exposure predicted the severity of postassault reactions significantly more than any of the characteristics of the most current sexual assault. This finding suggests the importance of understanding the current assault in the context of the survivor’s lifetime experiences with violence and victimization.

**Interactions with informal and formal support.** Survivors of sexual assault are faced with a multitude of reactions to their disclosure, and a number of researchers have found that
these responses have a significant impact on the survivor’s recovery (Ullman, 1999). A variety of unsupportive responses have been identified (e.g., withdrawing, blaming, criticizing, minimizing, becoming overly protective or patronizing, treating the survivor differently, taking control of the situation), and many researchers have found that these responses from informal sources of support are related to poorer overall psychological adjustment (Davis, Brickman, & Baker, 1991; Ullman, 1996) and PTSD (Borja, Callahan, & Long, 2006; Ullman & Filipas, 2001; Ullman, Townsend, et al., 2007). Additionally, nondisclosure or delayed disclosure of the assault has been found to be related to increased levels of depression (Mackey et al., 1992) and PTSD (Ullman, Filipas, et al., 2007). Although several researchers have found that positive reactions to disclosure were unrelated to outcomes (Davis et al., 1991; Ullman, 1996), Borja et al. (2006) found that supportive reactions were associated with higher levels of posttraumatic growth following sexual assault. Additionally, level of general social support from friends and family, which is distinct from reactions to disclosure, has been found to be associated with higher postassault functioning (Littleton, 2010; Sales et al., 1984).

Often the trauma of rape extend far beyond the assault itself, and a number of scholars have raised concerns regarding the “secondary victimization” that many survivors experience when they interact with medical, law enforcement, legal, and mental health systems (Campbell, Sefl, Barnes, Ahrens, & Wasco, 1999). The empirical findings on the impact of women’s experiences with formal support on recovery remains mixed. For example, Cohen and Roth (1987) found that reporting the assault to the police was related with better overall adjustment. Norris & Feldman-Summers (1981) found that reporting the assault to either the police or a rape crisis center had no impact on psychosomatic symptoms, sexual dysfunction, or social “reclusiveness.” Sales et al. (1984) also found that interactions with police and medical
personnel had no impact on symptoms following sexual assault. However, Campbell et al. (1999) found that survivors who experienced secondary victimization (i.e., victim-blaming, telling the survivor that her experience was not serious enough to pursue) from legal and medical system personnel reported significantly higher levels of PTSD symptoms.

**Limitations of research.** Although this research offers some insight into the complex variables that impact recovery from sexual assault, it has several limitations. First, the concept of recovery denotes the positive progress of returning to normal health or functioning following adversity; however, much of the research on recovery from sexual assault continues to be grounded in the illness ideology. Thus, studies on “recovery” focus much more on the factors that hinder recovery and lead to psychopathology than those leading to positive adaptation following sexual assault. For example, the outcomes assessed in the vast majority of this research were restricted to those that focused solely on distress and psychopathology (i.e., PTSD, depression, fear/anxiety, sexual dysfunction), and only one researcher assessed for the possibility of positive outcomes (Frazier & Burnett, 1994). A positive psychological perspective advocates for a more holistic understanding of recovery that extends beyond the amelioration of pathology and includes factors such as well-being.

Second, the quantitative nature of the vast majority of this research limits the development of a more holistic understanding of the full range of recovery trajectories experienced by survivors. By only offering survivors close-ended questions regarding their experiences of recovery and limiting these questions to the search for pathology and distress, it is no wonder that the trauma literature is saturated with ample evidence of the deleterious, devastating, and damaging impact of sexual assault. This is not to say that the pain and distress experienced by many survivors of trauma are not real and significant concerns, but that the
research questions asked, methodology employed, and outcomes measured have left little room for the discovery of other, more adaptive responses to trauma. For example, even one of the studies that employed an open-ended question on the impact of the sexual assault framed the question in a negative manner (“Has the rape interfered in your life and, if so, in what areas?”; Burgess & Holmstrom, 1979a). More open-ended, qualitative studies are needed in order to explore survivor’s experiences of recovery and factors that either promoted or hindered their healing process.

Third, much of the research on the differential impact of sexual assault has focused on how the characteristics of the individual (e.g., age, SES, race/ethnicity, education) and the assault (e.g., force used, perceived threat, victim-perpetrator relationship) impact the survivor’s response and recovery. Although this research may be useful in identifying individuals who are at a higher risk of developing psychological difficulties following the assault, the extremely mixed and inconclusive findings and the unchangeable nature of many of the factors limits the utility of this research in suggesting effective interventions for survivors of sexual assault. Future research should continue to focus more on the modifiable factors of the survivor’s experience (i.e., coping processes, emotional and cognitive strategies), rather than those factors that are out of the control of the survivor, researcher, and clinician.

Finally, the vast majority of the research has focused on the individual factors that influence recovery, without including the context in which recovery takes place. Very little attention has been given to the social and cultural context of sexual assault, with the exception of interactions with informal and formal support systems. Much of the recovery research has been based on the underlying assumptions of the medical model, which posits that “if an individual is distressed then the source of the problem lies within her/him. This leads to individualistic
interpretations and prescriptions of human behavior and de-emphasizes or ignores any important social variables. It is much easier to ‘cure’ or lock away the ‘disturbed’ individual than it is to deal with the ailments of the societal structure” (Esper, 1986, p. 53). Additionally, most of the factors researched have remained isolated from one another, with only minimal attempts to understand their relationship with one another and how they relate to the individual as a whole. With an increased awareness that neither sexual assault nor recovery takes place within social and cultural isolation, several researchers have proposed social ecological models of trauma response and recovery (Campbell et al., 2009; Havery, 1996; Neville & Heppner, 1999). These models offer a more holistic and integrated understanding of the impact of sexual assault on survivors, and are more closely aligned with assumptions underlying the positive psychological study of trauma.

A social ecological perspective on recovery. With an increasing awareness of the sociocultural nature of sexual assault, violence against women scholars have advocated that the impact of sexual assault and the process of recovery can best be understood from a social ecological framework (Campbell et al., 2009; Havery, 1996; Neville & Heppner, 1999). This framework focuses on the numerous individual, interpersonal, and sociocultural variables that interact with one another to impact the severity and longevity of psychological distress following sexual assault.

Ecology is the investigation of the interrelationships between living organisms and their environment. Although originally a biological term applying to the study of plants and animals within their ecosystems, ecological theories have been expanded to the understanding of human behavior, development, and psychopathology. Instead of exclusively focusing on the personal characteristics of the individual that lead to psychological distress and psychopathology
following sexual assault, an ecological perspective highlights the relationships between the individual and the numerous interpersonal and cultural contexts within which sexual assault takes place. Not only does this shift the focus off of “disordered individuals” to the dysfunctional societies that perpetuate sexual assault and attribute blame and stigma to survivors, but it also suggests that prevention and remediation efforts should be directed at multiple levels of the social ecological system, and not just at the individual level (Campbell et al., 2009). In the violence against women literature, two specific ecological approaches have been drawn on to conceptualize the differential psychological response and recovery trajectories experienced by survivors of sexual assault.

First, Kelly (1966) postulated that there is a strong interrelationship between individuals and the communities in which they live, and that an individual’s behavior is highly influenced by changing social contexts. Instead of viewing human behavior and psychopathology as a result of individual characteristics alone, psychological disorders are seen as “an outcome of reciprocal interactions between specific social situations and the individual” (Kelly, 1966, p. 538). Applying this theory to the understanding of psychological trauma, Harvey (1996) developed an ecological model of the impact of trauma on an individual’s psychological functioning. Harvey proposed that a survivor’s response to trauma is influenced by a number of characteristics of the social environment, and that recovery trajectories are impacted by the interactions between three sets of complex and interrelated factors: the individual (e.g., age, personality, pre-trauma distress, and psychological characteristics), the event (e.g., frequency and severity of trauma, degree of physical violence or injury), and the broader environment (e.g., social support; community attitudes, values, and resources). When all of these variables are taken into consideration, they “define the person-community ‘ecosystem’ within which an individual
experiences, copes with and makes meaning of potentially traumatizing events” (Harvey, 1996, p. 6).

Second, Bronfenbrenner’s (1977) ecological theory of human development has been applied to the understanding of trauma response and recovery. Bronfenbrenner described four major ecological systems influencing human development: (a) *microsystems*, or the relationships between an individual and their immediate environment, (b) *mesosystems*, which are the interrelations between two or more of an individual’s microsystems, (c) *exosystems*, the formal and informal social structures that impact the microsystems in which an individual operates, and (d) *macrosystems*, or the values, beliefs, and customs of the broader culture or subculture. These levels are thought to be nested within one another, such that human development occurs within the dynamic interaction between an individual and their multiple, interrelated environments.

Drawing from this developmental ecological framework, Neville and Heppner (1999) developed a culturally inclusive ecological model of sexual assault recovery (CIEMSAR). This model examines the complex and mutually influential variables that impact a survivor’s psychological well-being and recovery following sexual assault. The CIEMSAR encompasses three levels of the social ecological model. The *microsystem* incorporates individual factors, such as characteristics of the assault (i.e., relationship to perpetrator, severity of threat and physical injuries), characteristics of the individual (i.e., age, socioeconomic status, history of trauma, psychological functioning prior to the assault, race and ethnicity), and the survivor’s coping behaviors (i.e., adaptive versus maladaptive coping mechanisms, attributions about the cause of the trauma, self-blame). The *mesosystem* describes the survivor’s social support system, and includes interactions with both informal (i.e., family, friends, and significant others) and
formal (i.e., law enforcement, legal, medical, mental health, and advocacy systems) sources of support.

Finally, the CIEMSAR contextualizes sexual assault recovery within a cultural framework \((\textit{macrosystem})\), and focuses on how broader societal values, beliefs, and messages impact a survivor’s response to and recovery from sexual assault (Lebowitz & Roth, 1994; Neville & Heppner, 1999). The trauma of sexual assault expands beyond the assault itself, as survivors are left to navigate a “rape-prone” culture that often condones sexual victimization and supports messages that the victim is to blame for the assault (Ryan, 2011). Additionally, these societal messages often impact the responses that individuals receive from both formal and informal sources of support (mesosystem), as survivors of sexual assault are frequently faced with disbelief, blame, and unsupportive responses to their disclosure (Ullman, 2010). The CIEMSAR suggests that an understanding of the impact of sexual assault must extend beyond the identification of risk and protective factors at the individual level, to a broader understanding of the context within which sexual assault takes place.

Also working from an ecological framework, Campbell et al. (2009) expanded the CIEMSAR to highlight the importance of revictimization and self-blame in sexual assault recovery. They advocated for the addition of a fifth ecological system, the \textit{chronosystem}, which refers to the changes that occur between individuals and their multiple environments over time (Bronfenbrenner, 1986). The chronosystem emphasizes the impact of a prior history of victimization throughout the survivor’s lifespan on their psychological and interpersonal functioning following sexual assault. Additionally, Campbell and colleagues described self-blame as a “macro-level phenomenon,” that transcends any individual level of the social ecological model, but results from interactions across all levels. Although a survivor’s self-
blame at an individual level can have a significant impact on their psychological reactions and recovery following sexual assault, self-blame often stems from the survivor’s interactions with their social support system (mesosystem), as well as the messages and beliefs of the broader culture (macrosystem).

The ecological framework has generated, as well as conceptualized, a vast amount of research on the variables that are associated with sexual assault response and recovery. After completing an extensive review of this literature Campbell et al. (2009) identified the following individual-level factors that are associated with increased risk for psychological distress and disorders following sexual assault: personality traits such as neuroticism, mental health difficulties prior to the assault, avoidance coping strategies, and high levels of perceived life threat during the assault. Microsystem factors that predicted poorer adaption following sexual assault included negative social reactions from informal support providers and “secondary victimization” (i.e., recounting the assault numerous times, victim-blaming questions) from the legal and medical system. Although research on the macrosystem factors was limited, several variables were identified: acceptance of rape myths, experiences with racism, and differential blame attributions that women of color experience. Individuals with histories of prior victimization throughout their lifespan were also at increased risk (chronosystem), as well as survivors who have internalized messages about the cause of the assault from their environment and who engage in high levels of self-blame.

Although the ecological models reviewed here offer a comprehensive understanding of the variables that make survivors vulnerable to experiencing significant psychological distress and symptomatology following sexual assault, they are limited in providing an understanding of the protective factors that contribute to positive adaption in the face of trauma. They do not
explain the finding that despite being faced with multiple risk factors, some survivors do not develop severe and chronic psychopathology as a result of the sexual assault, but are instead able to achieve or maintain high levels of well-being and interpersonal functioning. In fact, Campbell et al. (2009) only identified three protective factors: engaging in adaptive coping strategies (i.e., expressing emotions, reducing stress, and seeking social support), receiving positive reactions from informal support providers, and seeking services from a rape crisis center. This omission is largely due to the body of literature that the model is founded upon, which primarily focuses on the deleterious impact of sexual assault on survivors.

**Models Describing the Process of Recovery**

Although the factors that impact psychological and interpersonal functioning following sexual assault have been well studied and documented, the process through which recovery and healing take place has received relatively less attention. The available research on the process of recovery is primarily theoretical in nature, and very few empirical studies have been conducted. Several researchers have postulated that recovery takes place in a series of stages that the survivor moves through throughout their healing process (Burgess & Holmstrom, 1974; Herman, 1992; Lebowitz, Harvey, & Herman, 1993; Roth & Newman, 1991; Sutherland & Scherl, 1970).

In an early attempt to understand the process of recovery from sexual assault, Sutherland and Scherl (1970) interviewed 13 young (age 18-24) survivors over the course of a year and described 3 distinct phases of recovery. The first *acute* phase, which generally lasted a few days to several weeks, involved feelings of shock, disbelief, dismay, anxiety, and worry regarding the implications of the assault on the survivor’s life. This was followed by a period of *outward adjustment* that contained strong levels of denial of the assault and suppression of associated thoughts and feelings in order for the survivor to go about her daily tasks as normal. The third
phase was described as *integration and resolution*, and involved the development of an “inner sense of depression” and the desire to talk about the assault. During the final phase, the survivor resolves the feelings aroused by the assault and integrates the experience into a new view of the self.

In their qualitative work with sexual assault survivors, Burgess and Holmstrom (1974) coined the phrase “rape trauma syndrome” and described a 2-stage process of recovery – the acute phase of disorganization, and the long-term process of reorganization. *Disorganization* describes the immediate impact of the assault on the physical (pain, muscle tension, gastrointestinal complaints, and gynecological symptoms) and psychological (feelings of fear, anger, shame, and self-blame) functioning of survivors. During the *reorganization* phase, many of the survivors continued to experience mild to moderate symptoms, such as nightmares, “traumaphobia” (i.e., fear of being either indoors or outdoors, alone or in crowds), and sexual dysfunction. Additionally, many of them engaged in behaviors in order to reorganize their lifestyle, such as changing one’s residence or phone number and turning to others for support.

Roth and Newman (1991) described the recovery process of sexual assault survivors as unfolding in two major domains – affective (feelings of helplessness, rage, fear, loss, shame, and guilt) and cognitive (changes in beliefs regarding the world as benign and meaningful, people as trustworthy, and the self as worthy). They described a continuum ranging from no conscious awareness of affect or disruption in belief system, to a more gradual awareness of the impact of the trauma on one’s life until a state of resolution has been achieved in both the affective and cognitive domains.

Herman (1992) developed a comprehensive 3-stage model of recovery from interpersonal trauma, which generally focuses on the experiences of survivors throughout therapy. This model
is based on the assumption that survivors of trauma are left feeling helpless, disempowered, and disconnected from self and others. Thus, the process of recovery involves empowerment of the survivor and the formation of new connections with others. Herman argued that recovery cannot occur in isolation, but must occur in the context of interpersonal relationships:

In her renewed connections with other people, the survivor re-creates the psychological faculties that were damaged or deformed by the traumatic experience. These faculties include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy. Just as these capabilities are originally formed in relationships with other people, they must be reformed in such relationships. (p. 133)

Herman contended that although therapy can be beneficial for many trauma survivors, it is not the only type of relationship that can foster recovery.

The first stage of Herman’s (1992) model of recovery involves reestablishment of a sense of safety from environmental threats, as well as an increased sense of control over the body (regulation of PTSD symptoms, attention to basic self-care and health needs, regulation of bodily functions, and minimization of self-destructive behaviors). Herman highlighted the importance of attending to this stage in therapy, as premature advances to the second stage may cause more distress and disorganization in the survivor. The second stage of recovery involves the active processing of the trauma memory so that the survivor can gradually integrate it into his or her life story, as well as mourning and grieving losses associated with the trauma. Herman stated that this stage is complete when the survivor:

…reclaims her own history and feels renewed hope and energy for engagement with life. Time starts to move again. When the “action of telling a story” has come to its conclusion, the traumatic experience truly belongs to the past. At this point, the survivor
faces the tasks of rebuilding her life in the present and pursuing her aspirations for the future. (p. 195)

Finally, during the third stage of trauma recovery the survivor begins to focus on the present and future, build a new sense of identity, reconnect with others, and incorporate the meaning of the trauma into her life.

Harvey (1996) proposed a social ecological framework for understanding the process of recovery and critiqued prior conceptualizations of recovery as only encompassing the dissipation of psychological symptoms. In this more holistic framework, Harvey contended that recovery is a multidimensional process that takes place across seven domains that are often affected by trauma: (a) developing a sense of authority of the traumatic memories and the remembering process, (b) linking past memories with appropriate affect, (c) increasing emotion regulation and affect tolerance, (d) gaining a sense of mastery over PTSD symptoms, (e) increasing self-esteem, (f) regaining a sense of connection with others and enhancing interpersonal relationships, and (g) and assigning new meaning to the traumatic experience and to the self as a survivor. Successful recovery is defined as positive resolution in each of the 7 aforementioned domains.

Drawing from this work, Lebowitz et al. (1993) developed a stage-by-dimension model of recovery from sexual assault that postulates that a survivor moves through each of Herman’s (1992) 3 stages of recovery within each of the 7 domains. Lebowitz and colleagues highlighted the complex nature of recovery from sexual assault, and indicated that a survivor will typically be at different stages of recovery across each of the domains, that some individuals may not need to go through all of the stages, and that recovery may not progress in a linear fashion for many survivors.
Process of Recovery from the Perspective of Survivors

Gaining an understanding of how women experience the healing process and define recovery can offer valuable information to individuals working with survivors of sexual assault. However, very few researchers have investigated the process of recovery from the survivor’s perspective. Instead, the majority of researchers have superimposed definitions and theories of recovery onto survivors’ experiences, which offers an incomplete picture of the recovery process. A more holistic and comprehensive understanding of this highly complex and personal journey can best be attained through qualitative studies aimed at investigating the process and meaning of recovery from the perspective of the survivor (Duma, Mekwa, & Denny, 2007a, 2007b; Murphy et al., 2009; Smith & Kelly, 2001).

In order to address this gap in the literature, Smith & Kelly (2001) conducted an existential-phenomenological study investigating the meaning of recovery from the perspective of 7 survivors and the conditions that promote recovery and growth following sexual assault. They found that the process of recovery often begins as a personal choice for the survivor, who realizes that although she would rather go “into a cocoon” in order to stay safe following the assault, she must risk confronting her experiences and the world in order for recovery to begin. The researchers found that once this difficult journey begins, the survivor often moves through 3 cyclical, interrelated, and interdependent processes: reaching out to others, reframing the assault, and redefining the self. During the beginning of this journey, many of the survivors recounted the importance of reaching out to others in order gain support and comfort, gaining a sense of safety in their environments, returning to normal routines, and increasing their sense of control over internal experiences (e.g., obsessive thoughts, crying). Many of the participants identified reframing the assault, or finding a sense of purpose or meaning in their experience, as an
important aspect of their recovery process. Finally, some of the participants shared that the process of *redefining the self* was a crucial component of recovery, as they were able to increase their understanding of themselves, develop a more positive self-image, and learn to forgive both themselves and the perpetrator in order to gain a sense of “inner peace.”

In a longitudinal, qualitative study employing the principles of grounded theory, Duma et al. (2007a, 2007b) described the process of sexual assault recovery from the perspective of 10 women from South Africa. They found that the women’s journeys of recovery involved the following 8 categories: (a) *sexual assault trauma* (acute reactions and feelings of powerlessness), (b) *awakening* (acknowledgment of the impact of the assault and its meaning in her life), (c) *pragmatic acceptance* (search for the reasons behind the occurrence of the assault), (d) *turning point* (taking control over the recovery process), (e) *reclaiming what was lost* (grieving and then engaging in active strategies to reclaim losses associated with the assault), (f) *defining own landmarks of healing* (developing one’s own definition of recovery), (g) *readiness for closure* (desire to move beyond the assault), and (h) *returning to self* (refusing to be defined by sexual assault, building a new sense of self).

Murphy et al. (2009) also investigated the process of recovery, or “surviving,” from the perspective of 12 adult women with histories of sexual assault. Using a Heideggarian hermeneutic phenomenological approach, they uncovered three main themes involved in the process of recovery. The first theme, *breaking down*, describes the violence that the women endured, as well as the psychological and emotional aftermath of the traumatic event (i.e., feelings of depression, fear, and self-blame). The second identified theme involves the process of *making meaning* from the assault. This theme describes the survivors’ attempts to understand why the assault occurred, find the purpose or meaning of the assault in their lives, incorporate the
event into their personal life narratives, or utilize spiritual resources in order to make sense of the experience. Finally, the process of *going beyond themselves* includes the strategies that the survivors utilized in order to recover from the event (i.e., seeking justice, sharing their story), as well as their interactions with external agencies that either promoted or hindered their healing process. Murphy et al. also postulated that the process of surviving can be visually represented by the image of a spiral, such that survivors are constantly “moving within the spiral” of recovery and cycling back to their trauma experiences as they gradually move towards healing.

In an attempt to identify the “essence” of healing and recovery from the perspective of male and female adults who have experienced sexual violence as children or as adults, Draucker et al. (2009) conducted a metasynthesis of 51 qualitative studies. They identified 4 main domains of recovery: (a) managing memories of the sexual violence, (b) relating to important others, (c) seeking safety, and (d) reevaluating the self. They found that within each of the 4 domains, survivors reported experiencing healing processes that seemed to conflict one another (e.g., the desire to withdraw from others versus the desire to be connected and receive support). Using dialectical theory to guide their interpretation, Draucker et al. postulated that the essence of recovery is the survivor’s ability to find an adaptive synthesis within each of the 4 domains of healing. They identified the following 4 syntheses as the essence of healing from sexual victimization: (a) *calling forth memories* (gaining the ability to evoke or escape memories of the traumatic event at will), (b) *regulating relationships with others* (making deliberate choices about relationships that they wish to engage in, as well as setting personal boundaries within relationships), (c) *constructing an “as-safe-as-possible” lifeworld* (learning ways to keep themselves safe in their environments, while also accepting the inevitability of danger in the world), and (d) *restoring a sense of self* (working to repair any “damage” caused by the assault.
while also maintaining a strong sense of identity and self). Draucker et al. critiqued the tendency of many researchers to label coping strategies as either adaptive or maladaptive, arguing that the essence of healing is composed of the synthesis of opposite responses. Thus, certain strategies do not necessarily promote recovery or exacerbate distress, but result in healing when they are synthesized within the survivor.

This research is beneficial to clinicians working with survivors of sexual assault, as it highlights the importance of understanding recovery from the survivor’s perspective. As demonstrated above, the definition of recovery for many survivors extends far beyond the remediation of psychological distress and symptomatology. Instead, it involves a deeply intimate and personal exploration of how the assault has impacted the very meaning that the survivor holds about themselves, their relationships with others, and the world as a whole. Therapy that solely focuses on alleviating symptoms associated with PTSD or other disorders may only be addressing part of the recovery process for a survivor.

**Resilience**

**What is Resilience?**

There remains considerable disagreement among researchers regarding the definition of resilience. At the broadest sense of the term, resilience can be defined as “the process or patterns of positive adaptation and development in the context of significant threats to an individual’s life or function” (Masten & Wright, 2010, p. 215). Whereas recovery has been conceptualized as return to normal functioning after a period of dysfunction or psychopathology, the term resilience is frequently used to denote the presence of a constant “equilibrium,” or generally stable levels of psychological functioning, throughout an individual’s experience with adversity (Bonanno, 2004). Lepore and Revenson (2006) likened this process to a tree remaining upright
and undisturbed throughout a storm. Other researchers, however, have proposed that recovery is a form of resilience and have used the term *resistance* to denote the process of maintaining steady levels of functioning during and after the presence of a significant stressor (Lepore & Revenson, 2006; Masten & Wright, 2010). Additionally, the term resilience has been conceptualized in a variety of different ways, and has been operationalized as a personality trait, process of adaptation, and positive outcome following adversity (Dutton & Greene, 2010).

Despite definitional and conceptual disagreement, there is general consensus that resilience is a common, but frequently forgotten and overlooked, trajectory following adversity.

Although humankind’s ability to survive and thrive in the face of suffering was observed and celebrated long before researchers became interested in studying the phenomenon, the scientific investigation of resilience began during the 1970s in the field of developmental psychology (Masten & Wright, 2010). The first researchers to investigate resilience initially focused on groups of children who were believed to be at high risk for developing psychological problems, due to a vast amount of research on the etiology and risk factors associated with psychopathology (e.g., low socioeconomic status, familial psychological disorders, and exposure to abuse or violence). However, when these individuals were followed across their lives, a number of investigators discovered profound differences in adaptation and many cases of positive development despite the presence of multiple risk factors (Cowen, Work, & Wyman, 1997; Garmezy, 1974; Werner, 1996).

These studies were influential for a number of reasons. First, they challenged the commonly held assumption that growing up in disadvantaged environments inevitably “damages” children and hinders development (Monaghan-Blout, 1996). Second, they promoted many researchers to move from a focus solely on risk and psychopathology, and initiated
decades of research on both the protective and vulnerability factors that moderate the relationship between risk and adaptation (Yates, Egeland, & Sroufe, 2003). Additionally, research on individuals who are positively adapting to adversity offers a clearer understanding of how resilience naturally occurs, which can have a profound impact on interventions and policies aimed at ameliorating distress and promoting positive adaptation in individuals who are facing adversity and are at risk for developing psychopathology (Masten, 2001; Yates & Masten, 2004). Finally, research on resilience has added further support for the development of a positive psychological perspective on human functioning. The resilience framework is congruent with many of the principles underlying positive psychology, with its focus on positive adaptation and a social ecological model of human development.

*Focus on positive adaptation, well-being, and competence.* Historically, researchers have equated mental health and well-being with the absence of symptoms, illness, and disease. Recently, the field shifted its focus to conceptualize mental health as not only the absence of dysfunction, but also the presence of wellness and emotional, psychological, and social well-being (Keyes, 2005; Keyes & Michalec, 2010; Keyes & Waterman, 2003; Linley & Joseph, 2004a; Payton, 2009). Likewise, resilience is frequently conceptualized as more than the mere absence of psychopathology following adversity, but as the additional presence of well-being (Masten & Wright, 2010; Ryff & Singer, 2003) and competence in life tasks (Yates & Masten, 2004). As Almedon and Glandon (2007) stated, “resilience is not the absence of PTSD any more than health is the absence of disease” (p. 127).

Additionally, research on well-being has indicated that mental health and mental illness are not mutually exclusive and do not lie at opposite ends of the same continuum; instead, they are thought to be separate, but correlated, unipolar dimensions (Keyes, 2005). As such, an
individual can concurrently experience both high levels of psychopathology and well-being; likewise, the fact that an individual is free of psychopathology does not mean that they are experiencing high levels of well-being. Research focusing exclusively on the presence or absence of psychopathology only addresses half of the picture; assessment of well-being and positive mental health is essential in developing a holistic understanding of the impact of adversity on psychological functioning. This change in focus is congruent with the larger paradigm shift that is occurring within the field of psychology, as researchers recognize the limitations of the medical model and move beyond the study of human illness, dysfunction, and psychopathology to the investigation of human strength and potential.

*Social ecological perspective.* Resilience was originally conceptualized as a personal characteristic or individual trait. The disadvantaged children identified as resilient in early studies were thought to possess extraordinary strength, and were often described as “invulnerable” (Anthony, 1974) or “invincible” (Werner, 1996). However, this conceptualization of resilience as a within-person factor is problematic for a number of reasons. First, it promotes a contemptuous view of individuals who struggle in the aftermath of adversity, and places the blame on the individual for not being strong, capable, or resilient enough to surmount their difficulty. Thus, it creates a marker against which individuals can be judged as good or bad, strong or weak, competent or deficient. Second, it suggests that resilience is a static trait. However, individuals may respond very differently to various stressors throughout their lifespan; no one is entirely vulnerable or resilient at all times. Finally, this view disregards the social context in which both psychopathology and resilience take place. Placing responsibility for positive adaption solely within the individual ignores society’s role in the formation, perpetuation, and maintenance of a number of social problems, such as sexism, racism, poverty,
oppression, and interpersonal violence. Additionally, it ignores the powerful impact that interpersonal relationships, social support, and community resources have on individuals facing adversity (Waller, 2001; Yates & Masten, 2004).

More contemporary research suggests that resilience is not a static characteristic of an individual, but is a dynamic and interactional process that is impacted by the social ecological environment within which the individual resides. Waller (2001) defined resilience as a “multidetermined and ever-changing product of interacting forces within a given ecosystemic context” (p. 290). Positive adaptation following adversity is affected by a number of complex and interrelated factors within an individual, family, community, and culture (Masten & Wright, 2010; Waller, 2001). Thus, resilience is a developmental process that can either be promoted or hindered by the individual’s social and cultural context. The resilience perspective emphasizes the importance of aiming interventions intended to facilitate positive adaptation at every level of the social ecosystem, not only at individuals. This approach “recognizes that powerful sources of healing, strength, restoration, and regeneration are embedded within complex external contexts, not only within individuals” (Yates & Masten, 2004, p. 528).

Additionally, a number of researchers have emphasized that resilience is not a personality trait that only a few, hardy individuals posses; instead, resilience is thought to be a basic function of a number of fundamental human adaptation systems (Masten, 2001; Yates et al., 2003; Yates & Masten, 2004) and a “reflection of ordinary adaptive processes operating normally under extraordinary conditions” (Yates & Masten, 2004, p. 526). Thus, resilience is a natural human process that occurs when basic adaptation systems (e.g., attachment with a primary caregiver, emotional and behavior self-regulation) develop and operate in order to maintain the psychological health of an individual. This more optimistic perspective highlights that...
“resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources” (Masten, 2001, p. 235) in individuals, families, and communities. Thus, resilience is not the result of “super-human” strength that makes some individuals remarkably resistant to experiencing the negative impact of adversity, but instead reflects the natural propensity of humans to move towards positive adaptation, healing, and growth when faced with difficulties.

**Resilience Following Sexual Assault**

The vast majority of resilience research has been viewed through a developmental perspective and has focused on positive adaptation in children from disadvantaged backgrounds (Masten & Wright, 2010). Drawing from this tradition, a number of researchers have examined resilience among adolescents (Edmond, Auslander, Elze, & Bowland, 2006) and women who have experienced childhood sexual abuse (Banyard & Williams, 2007; Banyard, Williams, Siegel, & West, 2002; Himelein & McElrath, 1996; Hyman & Williams, 2001; Tarakeshwar, Hansen, Kochman, Fox, & Sikkema, 2006; Valentine & Feinauer, 1993). These researchers have identified a number of factors that promote positive adaptation following childhood sexual abuse, such as optimism, spirituality, adaptive cognitive coping strategies (i.e., disclosing and talking about the abuse, positive reframing, minimization, refusing to dwell on the experience, external attribution of blame, internal locus of control), social role satisfaction, positive peer influence, emotional support from individuals outside of the family, and a positive sense of community.

There remains a dearth of research on resilient functioning in adults who are faced with traumatic events throughout the lifespan. Bonanno (2004) defined adult resilience as “the ability of adults in otherwise normal circumstances who are exposed to an isolated and potentially
highly disruptive event, such as the death of a close relation or a violent or life-threatening situation, to maintain relatively stable, healthy levels of psychological and physical functioning” (p. 20). Research on resilience in survivors of adult sexual assault is extremely limited. Although some of the research already reviewed on the factors that impact recovery from sexual assault (i.e., coping strategies, cognitive appraisals, interaction with formal and informal support systems) could be conceptualized as protective factors that promote resilience, the vast majority of these studies only focused on the presence or absence of psychopathology. However, the resilience framework advocates for a broader definition of recovery, which includes the additional presence of wellness or positive mental health.

Bradley and Davino (2007) investigated recovery and resilience in a sample of 164 incarcerated women who experienced some form of physical or sexual violence as a child or adult. Guided by Harvey’s (1996) ecological model of trauma recovery, the women were assessed across 8 domains of functioning (authority over the remembering process, integration of memory and affect, affect tolerance/regulation, symptom mastery and positive coping, self-esteem and self-care, self-cohesion, safe attachment, and meaning). Bradley and Davino found that the women reported remarkably high levels of resilience, despite histories of multiple traumatic experiences. They also found that women with the highest levels of resilience demonstrated adaptive functioning the in following three areas: integration of the traumatic experience into a meaningful life narrative, ability to regulate strong emotional reactions, and the capacity to develop strong interpersonal connections with others.

Zraly and Nyirazinyoye (2010) completed an ethnographic study in southern Rwanda of resilience among adult survivors of genocide-rape who belonged to one of two survivors’ associations. Using grounded theory, they identified three culturally-specific concepts of
resilience: (a) *kwihangana*, which refers to the ability to withstand difficulties by drawing forth inner strength, (b) *kwongera kubaho*, or the acknowledgment that returning to one’s life is possible after experiencing such atrocity, and (c) *gukomeza ubuzima*, which involves moving forward and actively engaging in one’s life, despite being faced with a multitude of ongoing difficulties. Additionally, they described a number of sociocultural processes that over 90% of the women engaged in, such as talking about one’s problems, relating and being emotionally present with others, becoming part of a group, giving or receiving advice regarding difficulties, finding meaning in one’s experiences, and reminding oneself that others are experiencing the same struggle. Although generalization of this study is limited, it highlights the importance of considering an individual’s social and cultural context when defining resilience and identifying strategies that may promote positive adaptation.

A number of spiritual coping mechanisms have been thought to be related to resilience following adversity (developing a relationship with God, receiving support from the congregation, and positively reframing a difficult experience); however, others have been hypothesized to hinder this process (negative image of women in scripture, ideal of self-sacrifice in order to serve the needs of others, submissiveness, and pressure to forgive the offender). In a qualitative study of 36 older female survivors of interpersonal trauma (childhood abuse, domestic violence, and/or adult sexual assault), Bowland, Biswas, Kyriakakis, and Edmond (2011) explored the role of spirituality in resilience. The women participated in an 11 week spiritually-focused group intervention for Christian trauma survivors. Each week, a different psychoeducational topic was presented and the women were then encouraged to discuss their spiritual journeys. Bowland and colleagues identified the following themes that were important to many of the women: differentiating between religion and spirituality, re-examining past
interpretations of scripture in order to develop a new understanding that is more conducive to healing from trauma, developing a closer relationship with God, engaging in a number of spiritual behaviors in order to cope (e.g., reading scripture, journaling, receiving the sacraments, and helping others), searching for a sense of community within one’s congregation, sharing one’s story in a supportive environment, and forgiving or “letting go” of distressing aspects of the experience in order to move on with life. Although this study highlights the importance of spiritual resources in promoting resilience following interpersonal trauma, it is limited by the structured nature of the group intervention. Many of the themes that emerged were closely linked to the psychoeducational topic presented at the beginning of the sessions, preventing a more comprehensive understanding of the role of spirituality from the perspective of survivors.

In a recent study on “resilience” in 119 females survivors of sexual assault, Steenkamp, Dickstein, Salters-Pedneault, Hofmann, and Litz (2012) examined trajectories of PTSD symptoms at 1, 2, 3, and 4 months following an assault. Using latent class growth analysis, they found that the participants fell into one of 4 trajectories—(a) high chronic trajectory (6.7%; high levels of PTSD throughout all 4 months), (b) moderate chronic trajectory (16.0%; moderately elevated levels of symptoms throughout all 4 months), (c) moderate recovery trajectory (47.9%; steady decrease in symptoms of PTSD across time), and (d) marked recovery trajectory (29.18%; lowest levels of initial symptoms that gradually decrease over time). They concluded that a resilience trajectory was not observed in this sample, which they defined as “an initial period of mild symptoms and disruption in functional abilities, followed by a return to adaptive functioning” (p. 469). However, the exclusive focus on PTSD symptoms significantly limits the study’s findings. As many researchers have argued, resilience is much more than the absence of psychopathology, but also includes components of well-being and positive mental health. Lack
of “resilience trajectories” in this study is potentially related more to the research question and constructs assessed, rather than a true lack of resilience in the sample.

Clearly, there is a lack of research on resilience following sexual assault. As the larger field of resilience continues to expand its focus from positive adaptation in young children to a more comprehensive understanding of resilience throughout the lifespan, research on the ways in which adults positively adapt to adversity is likely to grow. Increased research in this area would be beneficial for a number of reasons. First, greater insight into the process of resilience, as well as the factors that promote well-being and mental health following adversity, is essential to the development of a comprehensive understanding of the impact of sexual assault on the lives of survivors. Although there is a plethora of research on the vulnerability factors that moderate the relationship between risk and adaptation, there remains a limited understanding of the protective factors that also play an essential role in this process. Additionally, a more thorough understanding of how resilience naturally occurs in survivors of sexual assault can help inform policies and therapeutic interventions aimed at attenuating posttraumatic distress and fostering positive adaptation.

Posttraumatic Growth

What is Posttraumatic Growth?

In stark contrast to the vast body of literature documenting the ways in which trauma “breaks” individuals and leads to psychopathology and distress, research on posttraumatic growth focuses on how personal gain and transformation are often experienced in the aftermath of trauma. Posttraumatic growth is defined as “positive psychological change experienced as a result of the struggle with highly challenging life circumstances” (Tedeschi & Calhoun, 2004, p. 1). Posttraumatic growth is more than a return to baseline (recovery) or the maintenance of
generally stable levels of psychological functioning and well-being (resilience) following adversity; instead, it describes the notion that for some individuals, the process of struggling with a traumatic event leads to positive psychological changes beyond prior levels of adaptation. It is important to note that growth does not occur as a direct result of the trauma, but arises from the survivor’s struggle to cope with, make sense of, and integrate the experience into their lives. This phenomenon has been described by a variety of terms in the literature, such as thriving (Carver, 1998), stress-related growth (Frazier & Kaler, 2006), adversarial growth (Linley & Joseph, 2004b), benefit finding (Helgeson et al., 2006), perceived benefit (McMillen, Zuravin, & Rideout, 1995), positive changes (Frazier et al., 2001), transformation (Masten & Wright, 2010), and reconfiguration (Lepore & Revenson, 2006).

Although the concept of personal growth through suffering is ancient and can be seen in a number of different philosophies (e.g., existential, humanistic) and spiritual traditions (e.g., Christianity, Buddhism, Hinduism, Islam), posttraumatic growth did not receive systematic theoretical and empirical attention until the past two decades. With increased awareness of the profound imbalance in psychology on illness versus health, several researchers began to shift their focus to a more positive framework for understanding the impact of trauma (Calhoun & Tedeschi, 2006b, 2008; Joseph & Linley, 2008a; Tedeschi & Calhoun, 2004). Posttraumatic growth is firmly rooted within the positive psychology tradition. Just as proponents of positive psychology advocate for a more holistic and integrated understanding of the human condition, posttraumatic growth researchers do not propose that trauma inevitably leads to growth any more than they support the commonly held assumption that trauma inexorably results in distress and disorder. Instead, they strive to offer the trauma literature a more balanced perspective on the multitude of trajectories that survivors of trauma experience.
Posttraumatic growth is experienced in a variety of ways and can be conceptualized as change occurring across three broad domains: perceptions of self, relationships with others, and life philosophy (Calhoun & Tedeschi, 2006b). First, being confronted with an experience that overwhelms one’s coping resources can often create intense feelings of vulnerability; however, surviving such an experience can reaffirm one’s strength and ability to surmount even the worst difficulties. As such, surviving a traumatic experience can result in profound changes in one’s perception of self as strong and capable, as well as the belief that “if I survived this, I can get through anything.” Second, struggling in the aftermath of trauma can often result in the development of more meaningful relationships with others. Many survivors report that they feel deeper interpersonal connections with others, as well as increased compassion and empathy, especially for those who are suffering. Finally, posttraumatic growth can occur in one’s general philosophy of life. For example, survivors may develop a greater appreciation for life, examine what is truly important, reestablish priorities, and become more engaged in spiritual or existential concerns.

The presence of posttraumatic growth does not negate the experience of distress or suffering in the aftermath of a traumatic event. Just as psychopathology and well-being do not lie on opposite ends of the same continuum, neither do posttraumatic distress and growth. As such, the presence of psychopathology does not indicate that there is an absence of experienced growth or well-being. Likewise, the presence of growth does not suggest that a survivor is not experiencing a substantial amount of psychological distress. Instead, posttraumatic growth and distress are believed to be two qualitatively different, but interrelated, aspects of the human experience following trauma. In order to develop a holistic understanding of the impact of trauma, researchers must take into account both the negative and positive changes that survivors
experience (Calhoun & Tedeschi, 2006b; Joseph & Linley, 2008a, 2008b; Tedeschi & Calhoun, 2004). As Joseph and Linley (2008b) stated, “we cannot fully understand growth without taking into account the distress that precedes it, and we cannot fully understand recovery from posttraumatic stress without taking into account the possibility of growth” (p. 342).

Whereas much of the early research conceptualized posttraumatic growth as an outcome, there is a small but growing body of research investigating the process of growth following adversity. A full review of literature is beyond the scope of this paper, but can be found elsewhere (see Calhoun & Tedeschi, 2006b; Linley & Joseph, 2004; Tedeschi & Calhoun, 2004; Zoellner & Maercker, 2006). Although there remains disagreement regarding the specific mechanisms underlying posttraumatic growth, there is general consensus that it is a complex, multifaceted process that is influenced by a number of individual variables, such as sociodemographic factors, personality characteristics, coping strategies, positive affective states, cognitive processing, schematic changes, the search for meaning, and integration of the trauma into a cohesive life narrative. Additionally, Calhoun and Tedeschi (2006b) suggested that posttraumatic growth can be best understood within a social ecological framework, and highlighted the impact that the cultural context can have on the way an individual makes sense of, copes with, and adapts to trauma. They identified a number of key interpersonal factors, such as the presence of social support and the responses of others to disclosure. Additionally, they highlighted the importance of the messages imbedded in dominant cultural narratives regarding posttraumatic growth, or the “degree to which themes of resilience and growth are present within the general ideas about how people should, and how they typically do, respond to major life challenges” (p. 14).
Posttraumatic Growth Following Sexual Assault

The first mention of posttraumatic growth following sexual assault in the literature was a chapter by Vernonen and Kilpatrick (1983). Based on their clinical work with female survivors of sexual assault, they proposed four models by which rape can lead to positive changes. First, the *life threat-life appreciation model* suggests that experiencing a life-threatening event may prompt a survivor to gain a new appreciation for the value of her life, reassess priorities, and potentially view the assault as an important “crossroads” that serves as a catalyst for positive change (e.g., pursuing education, ending a dysfunctional or abusive relationship, reaching out to others, engaging in spiritual or religious activities). Second, the *agency-, institution-, and system-mediated change model* proposes that the experience of rape prompts some survivors to seek services from medical, mental health, or advocacy providers, which can facilitate the identification and remediation of a number of problems in addition to the sexual assault. Thus, rape serves as a prompting event for the survivor to receive and benefit from a number of needed resources.

Third, the *rape as a consciousness-raising experience model* suggests that interactions with a feminist sexual assault advocate can help the survivor view the sociocultural context of rape, identify other forms of oppression that she may be experiencing, and become empowered to make positive changes and take more control of her life. Finally, the *management of rape reactions as test or challenge model* posits that a survivor becomes determined to remain strong and maintain daily activity in order to avoid the mainstream portrayal of victims who “fall apart” after an assault. By seeing herself as someone who is strong and capable and receiving positive reinforcement from others, the survivor continues to confront challenging experiences and maintain a high level of functioning. Although this chapter by Vernonen and Kilpatrick (1983)
prompted researchers to begin investigating the potential of positive changes in survivors following sexual assault, it is based purely on clinical observations and lacks empirical data to support its premises.

The first systematic attempt to investigate posttraumatic growth following sexual assault was by Burt and Katz (1987). Using feminist and developmental theories to guide their research, they developed 3 measures of growth outcomes and then used factor analysis to identify underlying dimensions: (a) self-concept (angry/needy/lonely, independence/competence, mental health, trust, help, and guilt/blame), (b) coping strategies (avoidance, expressive, nervous/anxious, cognitive, and self-destructive), and (c) self-reported change as a result of coping with the sexual assault (self-value, positive actions, and interpersonal skills). A sample of 113 adult female survivors of sexual assault completed a questionnaire assessing these growth dimensions, as well as a number of additional constructs (passage of time since assault, negative symptomatology, self-perceptions of recovery, and self-esteem) in order to determine the validity of the recovery factors.

Many of the survivors endorsed experiencing positive changes following the assault; 50% felt that they had changed “a little,” “somewhat,” or “a great deal” in a positive direction and fewer than 15% reported that they had changed in a negative direction. Positive changes were experienced in life domains such as feelings about oneself (i.e., greater knowledge of self, increased meaning in life, increased trust in self), relationships with others (i.e., greater ability to talk to friends and help others with problems), and positive actions (i.e., engaging in social or political action, changing work situations, reducing stress). Additionally, these changes were positively associated with time since the assault, self-perceived recovery, and self-esteem; however, they were not associated with negative symptomatology, supporting the notion that
posttraumatic distress and growth are separate, often coexisting, experiences of survivors. Additionally, self-concept was significantly related to postassault functioning; survivors who viewed themselves as mentally healthy reported higher self-perceived levels of recovery, whereas self-blame, guilt, and negative affect (i.e., angry, fearful, needy, lonely) were associated with lower levels of self-esteem and increased symptomatology. Coping as a whole was positively associated with negative symptomatology, indicating that survivors experiencing higher levels of distress are more likely to engage in a variety of coping strategies. In particular, avoidance, nervous/anxious, and self-destructive coping strategies were associated with higher levels of negative symptomatology. This study suggests that many survivors do experience growth following sexual assault; however, the measures were theoretically driven and may not accurately reflect survivors’ personal experiences of growth and transformation.

As part of a larger quantitative study on immediate coping strategies utilized by survivors three days following sexual assault, Frazier and Burnett (1994) included one open-ended question assessing whether the rape had caused any positive changes in their lives. They found that 57% of the participants ($n = 67$) reported experiencing some positive change, and identified nine domains of growth: being more cautious, enhanced appreciation for life, improvements in relationships, reevaluation of life and goals, increased self care, realization of strengths, increased assertiveness in interpersonal relationships, reevaluation of the types of men that they choose to be with, and feeling an increased connection to God. Although this was a preliminary study consisting of only one open-ended question regarding posttraumatic growth, it indicates that the majority of survivors do experience some growth following sexual assault, even at 3 days postassault.
In a preliminary qualitative study, Thompson (2000) interviewed 5 women who had been sexually assaulted between 6 and 60 years prior to the study and never received professional psychological services. Using feminist theory to guide the research, Thompson identified a number of themes that were central to the women’s understandings of their recovery and growth experiences. First, many of the women experienced a paradox regarding their “victim” or “survivor” status, which highlights the importance of language in constructing an identity following sexual assault. Assuming the identity of a victim was associated with characteristics of being weak and powerless, but this also highlighted the devastating impact of the assault and characterized the victim as innocent and in need of support. Conversely, assuming the identity of a survivor was associated with more positive characteristics of strength and courage, but often minimized the salience of the event and prevented the women from receiving needed support and resources from others. The participants also discussed the process of moving from victim to survivor, and described this as a dynamic, nonlinear journey that resulted in the development of more positive feelings about themselves than they had before the assault, such as increased self-assurance, acceptance, knowledge, and love for self. Although many of the women identified ways in which they had grown psychologically (e.g., strength, determination), they also spoke of considerable losses, such as in friendships and a sense of femininity or attractiveness. The women identified a number of coping strategies, such as blocking out painful thoughts about the assault, focusing on how their experience could have been worse, defining the assault as “rape” and validating one’s experience, and talking with others. This study highlights the highly complex nature of recovery and growth following sexual assault, and how positive and negative changes are often intricately intertwined with one another. However, due to an extremely small
sample size, these findings may not be representative of the wider population of women who have experienced sexual assault.

In a longitudinal study, Frazier et al. (2001) measured both positive and negative life changes following sexual assault in a group of 171 female survivors receiving services through the Sexual Assault Resource Service (SARS), an agency that conducts evidentiary exams following an assault and offers counseling services for up to 1 year. Participants completed questionnaires assessing posttraumatic life changes, PTSD, and depression at 2 weeks, 2 months, 6 months, and 1 year following the assault. At 2 weeks, survivors reported both positive and negative changes as a result of the assault. The most commonly reported positive changes were increased empathy (80%), better interpersonal relationships (46%), and greater appreciation for life (46%). Commonly reported negative changes at 2 weeks included beliefs about the safety (83%) and fairness (81%) of the world and decreased psychological health (84%). Increased empathy was the most commonly reported area of positive growth at all 4 time periods. Improvements in interpersonal relationships were also found to occur soon after the assault and remained relatively constant throughout the year. Positive changes in spirituality and self were reported less frequently directly after the assault, but increased throughout subsequent assessments. Negative changes in beliefs about the goodness of others and the fairness and safety of the world were fairly common and remained relatively stable across all four time periods. Overall, positive changes increased and negative changes decreased over time, with the most significant amount of change occurring between 2 weeks and 2 months postassault. However, significant individual variability was found in both the number and pattern of self-reported positive and negative changes. For example, 24% of the participants reported more negative changes and fewer positive changes at 1 year than at 2 weeks after the assault.
Frazier et al. (2001) also analyzed the relationship between posttraumatic changes and distress (PTSD and depression). At 2 weeks, they found that positive changes were associated with lower levels of distress, whereas negative changes were related to higher levels of symptomatology. At 12 months, positive changes were no longer related to PTSD, but were associated with lower levels of depression, whereas negative changes continued to be related with higher levels of distress. Survivors who reported higher levels of positive changes at all four assessments were less distressed at 12 months than those who never reported positive changes. Additionally, individuals who were least distressed at 1 year postassault were more likely to report a high level of positive changes at 2 weeks and maintain those changes throughout the year. This finding suggests that early growth is adaptive, and challenges the assumption that the identification of positive aspects of the experience is a form of “denial” and prevents successful recovery. Furthermore, the findings of this study challenge the commonly held belief that growth is necessarily the result of a long recovery process. Instead, the authors found that survivors report positive life changes as soon as 2 weeks postassault, and that these changes are associated with future positive adaptation.

In an extension of this study using the same longitudinal data, Frazier et al. (2004) identified variables associated with posttraumatic growth soon after sexual assault as well as patterns of change over time using hierarchical linear modeling. Each participants completed a questionnaire assessing personal characteristics (ethnicity and prior victimization), social support, coping strategies (approach, avoidant, and religious), perceived control (self-blame, control over recovery process, control over future assaults), and positive life changes (self, relationships, life philosophy or spirituality, empathy). Frazier and colleagues found that a number of variables were correlated with early positive changes following sexual assault, such as
receiving social support, using approach-oriented coping strategies (cognitive restructuring, expressing emotions), engaging in religious coping, and having a sense of control over the recovery process. They also found that positive change trajectories over the year were related to increases in a number of variables, such as social support, approach coping, religious coping, sense of control over recovery, and taking more precautions. Decreases in behavioral self-blame and avoidant coping were also related to increased reports of positive life changes over time. The findings of this study indicate that many of the same factors that impact the development of psychopathology following sexual assault (i.e., social support, coping, locus of control) also play a significant role in posttraumatic growth.

Grubaugh and Resick (2007) examined the relationship between posttraumatic growth and severity of psychopathology among 100 treatment-seeking female survivors of sexual or physical assault who were involved in a separate, ongoing treatment study. Participants completed a number of measures assessing depression (Beck Depression Inventory-II and the Structured Clinical Interview for DSM-IV-Patient Version), posttraumatic stress disorder (Clinician-Administered PTSD Scale), and posttraumatic growth (Posttraumatic Growth Inventory). The vast majority of survivors reported growth in some areas of life as a result of the sexual assault; 45% reported a moderate to very great degree of positive change, 54% reported a very small to small degree of change, and only 1 woman (1%) did not report any associated positive changes. Older women and those with fewer years of education reported higher levels of growth. A substantial proportion of the sample also reported psychopathology; 90.9% met the diagnostic criteria for PTSD, 51.5% for depression, and 54.4% for both PTSD and depression. However, Grubaugh and Resick did not find a significant relationship between posttraumatic growth and symptoms severity, which adds further support to the notion that psychopathology
and positive mental health are not polar opposites at the ends of one continuum. This finding indicates that positive growth can occur even amidst psychopathology, and that treatment efforts should not exclusively focus on symptom reduction.

Cole and Lynn (2010) also examined the relationship between posttraumatic growth and psychopathology (PTSD and depression), as well as the factors that impact positive and negative outcomes following sexual assault in a sample of 105 female undergraduate students. The majority of participants endorsed some degree of perceived growth (74%), with a substantial proportion (18%) reporting high levels of posttraumatic growth. Congruent with other studies, regression analyses did not find posttraumatic growth to be predictive of either PTSD or depression. Factors that did predict poorer psychological adjustment following sexual assault included utilizing avoidance coping strategies, engaging in high levels of self-blame, not disclosing the assault to others, and having low levels of the personality trait of hardiness. Conversely, engaging in acceptance coping and having high levels of hardiness were found to be significant predictors of posttraumatic growth.

Ahrens, Abeling, Ahmad, and Hinman (2010) investigated the relationship between religious coping and adjustment (PTSD, depression, psychological well-being, and posttraumatic growth) in 100 female sexual assault survivors who reported a belief in God. They differentiated between positive religious coping (engaging in spiritual practices in order to cope, doing good deeds for others, and receiving support from a faith community) and negative religious coping (a sense of disconnection and negative feelings towards God, bargaining with God to make one’s life better, and engaging in religious activities in order to avoid thinking about problems). Ahrens and colleagues found that survivors engaged in fairly high levels of positive and negative religious coping, and that African American survivors were more likely to engage in both forms
of coping as compared to survivors of other ethnicities. Hierarchial linear regression was used to investigate the relationship between religious coping and various aspects of adjustment. Increased positive religious coping was related to lower levels of depression and higher levels of posttraumatic growth and psychological well-being. Conversely, negative religious coping was related to higher levels of depression. Neither form of religious coping was significantly related to symptoms of PTSD. Similarly, Kennedy, Davis, and Taylor (1998) found that survivors of sexual assault reported a greater role for spirituality in their lives. Although increased spirituality since the time of the assault was not significantly correlated with increased well-being, individuals who reported no change or decreased levels of spirituality following the assault were more likely to report reduced levels of well-being. These studies suggest that spirituality may play an important role in the way survivors make sense of, cope with, and positively adapt to traumatic experiences.

The growing field of posttraumatic growth following sexual assault has provided a more complete understanding of the multitude of trajectories that survivors experience in the aftermath of trauma. Many researchers in this area have looked at both the positive and negative changes following sexual assault, as well as the complex relationships between posttraumatic growth and distress, in order to develop a more holistic understanding of the impact of trauma on the lives of survivors. Once again, this research does not suggest that sexual assault is a positive experience for women, but that the process of coping with and healing from the trauma can promote growth in many important life domains. The knowledge that many women experience significant personal growth and transformation following sexual assault may offer survivors, researchers, and clinicians hope and encouragement that positive adaptation following sexual assault is achievable. This message of hope and empowerment lies in stark contrast with the prevailing
assumption within the trauma literature that sexual assault leads to irreparable damage and a lifetime of distress and disorder.

Despite significant strides in the past decade, the current literature is limited in a number of ways. First, the vast majority of studies rely on quantitative measures to assess growth within predetermined domains. Joseph and Linley (2008b) contended that “undue reliance on quantitative methods for the assessment and understanding of growth prejudges the parameters and domains of growth to be those of the researchers labeling the construct, rather than the phenomenological fields identified by survivors of trauma themselves” (p. 348). The highly personal and complex nature of posttraumatic growth necessitates additional qualitative studies in order to provide insight into the multitude of ways in which survivors of sexual assault experience growth and transformation. Second, although Calhoun and Tedeschi (2006b) highlighted the importance of understanding posttraumatic growth within a social ecological framework, the majority of studies continue to focus exclusively on individual-level factors (e.g., demographics, personality characteristics, coping strategies, causal attributions), with the exception of social support. Just as sexual assault, psychopathology, recovery, and resilience do not take place in social and cultural isolation, neither does the experience of posttraumatic growth. Additional research on the various factors of the social ecosystem that may impact positive growth following sexual assault is greatly needed.

**Limitations of Research and Future Directions**

In the past several decades, researchers from a variety of fields and perspectives have made significant strides in developing an understanding of the devastating impact of sexual assault on the psychological functioning of survivors. There is a plethora of research on the negative impact of sexual assault and the factors that exacerbate distress, lead to
psychopathology, and impede the recovery process. The suffering experienced by many survivors of sexual assault is now widely recognized and empirically supported within the trauma literature, which has increased public awareness and facilitated the development of policies and interventions aimed at supporting survivors. This research is an essential first step and highlights the importance of focusing resources on survivors of sexual assault; however, its primary focus on psychopathology and distress has also prevented the development of a more comprehensive understanding of the experiences of survivors. Although statistically it is known that many individuals do not experience long-lasting psychopathology as a result of sexual assault, relatively little research has focused on those survivors who have successfully moved throughout the recovery process, demonstrated resilience despite being confronted with a highly traumatic event, or experienced personal growth and transformation as a result of coping with the assault. “While the focus on psychopathology in research on rape is understandable, this focus leaves women who have been raped without other discourses to draw upon and potentially denies them alternative options. It also leaves women who feel that they have experienced positive outcomes without a useful way of construing and normalizing their experience” (Thompson, 2000, p. 341). Thus, by focusing only on the negative aspects of survivors' experiences, the field may have inadvertently contributed to the widely held belief that sexual assault inevitably leads to devastating consequences, consequently stripping away hope from both survivors and clinicians that positive adaptation is possible.

With increased awareness of the limitations of the illness ideology and medical model in psychology, several researchers have begun investigating different aspects of positive adaptation following sexual assault—recovery, resilience, and posttraumatic growth. Although these lines of inquiry are beginning to offset the imbalance within the sexual assault literature, they remain
largely isolated from one another, with minimal attempts for integration and synthesis across diverse fields, methodologies, and theoretical perspectives. The emerging field of positive psychology offers a collective identity for these various branches of research, encourages the development of a shared language, and actively disputes the assumptions underlying the illness ideology. Positive psychology challenges researchers and clinicians to take a more inclusive approach to understanding the impact of trauma by focusing on the survivor’s full range of adaptive capabilities and the sociocultural context in which recovery from sexual assault takes place.

In order to develop a comprehensive understanding of the experiences of sexual assault survivors that is aligned with the positive psychology tradition, the following three limitations of the current literature should be addressed in future studies. First, the majority of research on sexual assault continues to be based within the medical model, conceptualizes the experiences of survivors through a negative lens, focusing primarily on psychopathology and distress. Much more research is needed on positive adaptation following sexual assault, including survivor's experiences of recovery, resilience, and posttraumatic growth. Additionally, several researchers have found that distress and well-being do not lie on opposite ends of the same continuum, but represent two distinct dimensions (e.g., Grubaugh & Resick, 2007; Keyes, 2005). Thus, survivors may concurrently be impacted both positively and negatively as a result of the sexual assault. The presence of distress does not necessarily mean that the survivor is not experiencing some degree of well-being or personal growth, and the presence of positive adaptation does not negate the experience of significant suffering. Much of the current research looks primarily at one aspect of the survivor's experience, such that either the negative or the positive impact of the assault is investigated. However, it is likely that most survivors experience some degree of both
positive and negative changes, and it is important for future studies to develop an integrated understanding of the experiences of sexual assault survivors.

Second, the vast majority of research on the impact of sexual assault response and recovery is quantitative, which limits the description of survivors' experiences to the predetermined domains established by the researcher. It is likely that the lack of qualitative research has exacerbated the negative lens that dominates much of the trauma literature. Focused exclusively on the deleterious impact of sexual assault, many quantitative researchers have utilized only forced-choice measures with predetermined constructs to assess the presence of psychopathology and distress. When only disorder is measured and survivors are not given the opportunity to offer a comprehensive description of their experiences, it is not surprising that more adaptive responses to trauma were not discovered in many of the studies. Furthermore, much of the research on positive adaptation following sexual assault also employs quantitative techniques and assesses well-being and growth within predetermined domains. Although this research has highlighted the findings that recovery, resilience, and posttraumatic growth are common responses to sexual assault, many of the studies have been unable to fully capture the highly personal and complex experiences of sexual assault survivors.

Finally, the majority of the research on sexual assault continues to focus on the individual factors that influence both psychopathology and positive adaptation, with little consideration of the sociocultural context. Although violence against women scholars have made significant progress in highlighting the cultural components that contribute to the sexual victimization of women, only a small number of researchers have included this understanding when conceptualizing survivors' response to and recovery from sexual assault. Much more research is
needed on how different levels of the socio-ecological system impact the ways in which survivors make sense of their experiences and heal from sexual assault.

Beyond the realm of research, the development of a more comprehensive understanding of the experiences of individuals who have experienced sexual assault, which includes the possibility of positive adaptation, can also have major clinical implications. Frequently the absence of symptoms following sexual assault is pathologized, and it is assumed that the survivor must be engaging in denial, which is then hindering the recovery process. This assumption is understandable given the available research, which suggests that sexual assault inevitably leads to long-lasting distress and psychopathology. A greater understanding of the adaptive capabilities of survivors may drastically change the therapeutic process—by encouraging clinicians to assess for the presence of resilience and growth, rather than focusing solely on distress and psychopathology; by prompting clinicians to expand goals for treatment beyond symptom remediation to the exploration of personal resources and strengths; and by reminding both clinicians and clients of the amazing potential of humans to not only survive, but thrive in the wake of trauma.
CHAPTER THREE

METHODOLOGY

Research Design

Due to the aforementioned limitations of the current body of literature, the present study utilized qualitative methodology to investigate women’s experiences following sexual assault and the process of positive adaptation. A qualitative approach was chosen to give voice to the subjective perceptions and experiences of survivors, which allowed for the development of a theory that is not embedded within the illness ideology and medical model. The thick, rich descriptions offered by participants provided a more holistic and integrated understanding of the experiences of survivors, as well as offered more insight into the highly personal, complex, and contextual process of positive adaptation.

More specifically, grounded theory methodology was used to ensure that the perspectives and experiences of survivors were captured without the imposition of predetermined constructs and assumptions. Unlike many other qualitative and quantitative traditions, this approach allows for the development of theory that is grounded in the data itself, rather than conceptualizing data according to preexisting theories. Grounded theory was originally developed by Glaser and Strauss (1967) and has been expanded and refined by a number of researchers (e.g., Birks & Mills, 2011; Bryant & Charmaz, 2007; Charmaz, 2006; Corbin & Strauss, 2008). The term grounded theory refers to both a specific methodology and to the resultant theory that emerges from this form of inquiry, and it has been described as “a set of flexible analytical guidelines that enable researchers to focus their data collection and to build inductive middle-range theories through successive levels of data analysis and conceptual development” (Charmaz, 2005, p. 507).
Initially, grounded theory was founded upon positivism and an objectivist philosophy, emphasizing specific analytic procedures, logic, and the discovery of an external, but discernible reality through the unbiased and objective researcher. Since the origin of grounded theory, a number of researchers have used the methodology in different ways and have ascribed to its positivist roots to differing degrees (Birks & Mills, 2011). The current study was informed by Charmaz’s (2000, 2005, 2006) constructivist grounded theory approach, which utilizes grounded theory’s method of inquiry but does not espouse its positivist and objectivist assumptions. Instead, Charmaz (2005) posits that:

Constructivist grounded theorists take a reflexive stance on modes of knowing and representing studied life. This means giving close attention to empirical realities and our collected renderings of them—and locating oneself in these realities. It does not assume that data simply await discovery in an external world or that methodological procedures will correct limited views of the studied world. Nor does it assume that impartial observers enter the research scene without an interpretive frame of reference. (p. 509)

Thus, this approach highlights how a researcher’s personal biography, beliefs, and ways of viewing the world will have a direct impact on the results of the study, as they interact with their research participants to co-create meaning and an interpretive construction of the phenomenon under study.

The grounded theory process consists of six essential components: (1) theoretical sampling, (2) concurrent data collection and analysis, (3) coding, (4) constant comparative analysis, (5) memo-writing, and (6) theoretical reflexivity. The use of each of these components in the current study will be further described throughout the following methods sections.
Participants

Participants were initially recruited through word-of-mouth, email announcements, and posters sent to local agencies and advertised in the community. The posters announced the purpose of the study, described the inclusion criteria, offered a small stipend for participation ($25 Amazon gift card), and included tear-off sheets with the contact information of the investigator (see Appendix A). A snowball method of recruitment was also utilized by encouraging participants to refer their friends to participate in the study. Inclusion criteria for participation in the study was: (a) identifying as a woman, (b) being at least 18 years old at the time of the study, (c) having experienced a sexual assault that occurred at age 14 or older, (d) reporting that the most recent sexual assault occurred at least 1 year before the time of the study, and (e) not currently being involved in any legal proceedings related to the assault. Participants reporting histories of childhood sexual and/or physical abuse were excluded from the current study, as it has been found that severe and repeated interpersonal trauma during early stages of development may result in complex posttraumatic outcomes and impact the recovery process (e.g., Briere & Scott, 2006; Herman, 1997).

An essential component of grounded theory methodology is theoretical sampling (Corbin & Strauss, 2008; Glaser & Strauss, 1967), which is a type of sampling in which the researcher “aims to develop the properties of his or her developing categories or theory, not to sample randomly selected populations or to sample representative distributions of a particular population” (Charmaz, 2006, p. 189). The purpose of theoretical sampling is to promote the development of theoretical categories; thus, the researcher seeks data that will further define and illuminate the dimensions and relevance of the categories, as well as the relationships between concepts. This method allows researchers to discern and define the concepts that are important
to the phenomenon and population being studied, as well as to explore the relevant concepts and categories in depth as they emerge throughout data analysis. Using this sampling methodology, the researcher engages in *concurrent data collection and analysis* (Birks & Mills, 2011) throughout the course of the study and simultaneously collects, codes, and analyzes data. This ongoing process determines what data to collect next and which participants should be recruited in order to further explicate the developing theory. Theoretical sampling is an emergent process, as the researcher cannot predict which important ideas and categories will surface before analysis of the data begins. Concurrently collecting and analyzing data differentiates grounded theory from many other methodologies, which require the researcher to identify the parameters of the sample and collect all of the data before analysis begins.

Both theoretical sampling and concurrent data collection and analysis were utilized in the present study. Several beginning interviews were conducted, coded, and analyzed using the above recruitment methods before additional data was collected. Once categories began to emerge through data analysis, more purposeful sampling was used in order to select participants who would provide the most beneficial data to meet the analytic needs of the study. For example, as themes such as engaging in social justice, utilizing spiritual coping resources, and helping other survivors emerged throughout the initial data, the investigator intentionally reached out to social justice groups, churches, and victim advocacy organizations to recruit more participants in order to expand these categories. This sampling process continued until sufficient sampling occurred, which is when “a researcher determines that a category offers considerable depth and breadth of understanding about a phenomenon, and relationships to other categories have been made clear” (Corbin & Strauss, 2008, p. 159). The current study did not have a predetermined number of participants; instead, sampling was discontinued after the categories
upon which the theory was built were well developed and the collection and analysis of new data did not contribute new categories or subcategories.

The final sample consisted of 12 women ranging in age from 19 to 61 years old ($M = 24.83$, $SD = 11.51$, $Mdn = 22$). One respondent did not meet the inclusion criteria and was excluded from the study, and an additional 4 respondents decided not to participate after learning more about the study. Five participants identified as Caucasian/White, four identified as multiracial (e.g., Latina and Caucasian; African American and Asian American; American Indian and Caucasian; Native Hawaiian and Asian American), one identified as Taiwanese American, one identified as Japanese American, and one identified as Chinese. Ten of the participants were born in the United States, one was born in Poland, and one participant was an international college student from China. Nine of the participants identified as heterosexual, three identified as bisexual, and one identified as both bisexual and lesbian. Four of the participants were single, four were involved in a committed relationship, three were living with their partner, and one was married. Nine of the participants were full-time students at a 4-year university, one was completing her doctorate degree, one was a part-time college student at an online university, and one had completed high school. Seven of the participants were employed part-time, three were unemployed, one was employed full-time, and one identified as a homemaker.

**Procedure**

When interested participants contacted the investigator, they were given more information about the study, asked whether they meet the inclusion and exclusion criteria listed above, and encouraged to discuss any additional questions or concerns. If the individual was eligible and agreed to participate, a 1 to 2 hour face-to-face interview was scheduled at a time and location requested by the participant. They were offered several safe and private options for
the location of the interview, such as in their own home, in a university office, or in another private location of their choice. All participants were sent a digital copy of the consent form and interview protocol at least 1 week prior to the scheduled interview. They were encouraged to look over the questions in advance if this would be helpful to them, but they were not required to formulate answers to questions prior to the interview.

At the time of the interview, participants were provided with a written informed consent form describing the present study, confidentiality, and potential risks of participation (see Appendix B). The investigator went over this form in detail with each participant, encouraging them to ask questions and voice any concerns. The investigator explained that the emphasis of this study was on their experiences following sexual assault; thus, the participants were not explicitly asked to describe the events surrounding the assault itself. Each participant also completed a Demographic Information Questionnaire in order to obtain background information (e.g., age, race/ethnicity, sexual orientation, marital status, highest level of education obtained, and employment status; see Appendix C). Each interview lasted approximately 1 to 2 hours and was audio recorded with the written consent of the participants. The interview was semi-structured and included 14 primary questions, as well as additional prompts that arose from the dialogue (see Appendix D for the complete interview protocol). After the interview, the participants were given a small stipend ($25 Amazon gift card) and were encouraged to contact the investigator with any questions or concerns regarding the present study.

**Ethics**

Ethical concerns were carefully considered throughout the course of the study, especially due to the highly sensitive and personal nature of the study. The Washington State University Institutional Review Board reviewed the research protocol prior to the scheduling of participant
interviews. Before conducting interviews, the investigator explained the purpose of the study and described how the interviews would be used. The participants were informed that they had the right to refuse to answer questions that they did not feel comfortable with and to discontinue their participation at any time throughout the interview. However, none of the participants voiced concerns throughout the interviews or chose to discontinue participation once the interview began. In order to maintain confidentiality, all identifying information was excluded from the transcripts and pseudonyms were used to protect the anonymity of participants. Participants were promised every reasonable attempt to maintain confidentiality, with the following two exceptions: (1) the participant reported that they were in imminent danger of harming themselves or others, or (2) the participant disclosed that a child or vulnerable adult was being abused or was in danger of abuse. These limits to confidentiality were carefully explained and the participants were encouraged to ask any clarifying questions prior to the beginning of the interview. None of the participants disclosed information that would require breaking confidentiality throughout the course of the study.

Throughout the interview, the investigator made a concerted effort to ensure that the participants felt safe, supported, and validated. At the beginning of the interview, the participants were informed that if the interview was causing undue emotional distress or was harming them in any way, the investigator would collaboratively discuss the most appropriate course of action with the participant (e.g., taking a break from the interview, moving on to a different question, meeting with the participant on a later date, facilitating a relaxation or grounding exercise, or discontinuing participation from the study). However, these strategies did not need to be used as none of the participants reported experiencing undue emotional distress throughout the interviews. Additionally, at the end of the interview each participant was
provided a list of referrals to local sexual assault advocacy agencies and mental health providers in the community in case the interview induced any psychological or emotional distress (see Appendix E).

**Data Analysis**

The interview data was transcribed verbatim onto a personal computer and participants’ names were replaced with pseudonyms to maintain confidentiality. Throughout the transcription process, the investigator made every attempt to capture the participant’s intended meaning by including nonverbal cues (e.g., pauses, laughs, changes in tone, and other descriptions of the manner in which words were spoken). Next, the process of coding commenced in order to define what themes were emerging in the data, conceptualize the meaning of the data in relation to the phenomenon under study, and begin developing a theory that was grounded in the participants’ experiences. Although there is considerable disagreement amongst grounded theory researchers regarding the specific stages of coding and their respective names, most agree that there should be at least two main phases: (1) an initial phase of coding whereby each segment of data is categorized and labeled, and (2) an intermediate phase of coding in order to identify the properties, dimensions, and relationships between the relevant concepts and categories that emerge throughout data analysis (Birks & Mills, 2011).

In the current study, Charmaz’s (2006) recommendations were followed and the data was coded in two phases using the NVivo qualitative software package. During *initial coding*, the data was coded line-by-line in order to categorize segments of information and label them with a name that summarizes each unit of meaning in the data. Rather than beginning with a list of codes stemming from the current literature or applying preexisting categories to the data, the
purpose of this phase of coding was to stay as close as possible to the data and remain open to any theoretical concepts and categories that emerged.

Additionally, the essential grounded theory method of *constant comparative analysis* (Corbin & Strauss, 2008; Glaser & Strauss, 1967) was used at different levels of conceptual analysis throughout the study. Constant comparative analysis is “a method of analysis that generates successively more abstract concepts and theories through inductive processes of comparing data with data, data with category, category with category, and category with concept” (Charmaz, 2006, p. 187). During the initial phase of coding, data was compared with other data to determine similarities and differences between codes and participants, as well as how one participant’s perspectives changed over time.

After some strong analytic directions emerged throughout initial coding, the second phase of coding commenced—*focused coding* (Charmaz, 2006). During the process, the most relevant and significant codes identified during initial coding were used to conceptualize, synthesize, and categorize large amounts of data. By continuing to use constant comparative analysis at this stage of data interpretation, similar codes were grouped together as relevant categories and sub-categories were identified and explanatory, conceptual patterns emerged from the analysis. In order to ensure that the developing theory stayed grounded in the participants’ experiences, the data was compared to the emergent categories to determine whether they made analytical sense, were relevant, and fit with the data. Categories were also compared to other categories in order to determine their dimensions, characteristics, and relationships to one another. This process of constant comparative analysis and going back to the data was emergent, cyclical, and ongoing, and it took place throughout the entire course of the present study.
In order to help guide data analysis, the crucial grounded theory method of memo-writing was employed (Glaser & Strauss, 1967). Memos are written records of a researcher’s thought processes throughout a grounded theory study. Memo-writing is an ongoing process that helps the researcher analyze their data and codes, gain new insights into the data, engage in constant comparative analysis, make analytical leaps, determine gaps in their data and interpretation, and document their ideas and decision-making process throughout the course of the study (Birks & Mills, 2011; Charmaz, 2006). In the current study, memo writing was used from the early stages of planning the study and throughout all of the data collection and analysis. Early memos described emerging themes, identified possible codes and categories, and provided direction for theoretical sampling and future data collection. As the study progressed, more advanced memos were used to explain how each category emerged and changed, defined the properties and characteristics of each category, challenged assumptions underlying interpretations, continued the process of constant comparative analysis, identified gaps in the data, developed diagrams, and postulated about how categories and sub-categories may be related to one another.

**Credibility**

Lincoln and Guba (1985) argue that issues of validity and reliability emerged from the quantitative tradition and that it is more appropriate to evaluate qualitative studies regarding their credibility, dependability, confirmability, and transferability. Given the interpretive nature of qualitative research, no two researchers could produce the exact same theory given the same data. Thus, whereas quantitative researchers are concerned with measuring the internal and external validity of their study based on test scores, psychometric instruments, and research designs, the credibility of qualitative research does not depend on obtaining consensus between researchers of the “correct” interpretation of the data. The qualitative research tradition is
founded in an epistemology that challenges the assumption that it is possible to obtain one true representation of reality. Instead, qualitative researchers are concerned with “how accurately the account represents participants’ realities of the social phenomena and is credible to them” (Creswell & Miller, 2000, p. 124). Thus, a grounded theory study is considered credible if: (a) the data is complete and accurate, (b) the theory captures the meaning of participants, (c) attempts are made to minimize prior assumptions and biases of the researcher, (d) the categories fit with the data and describe the phenomenon under study, and (e) the theory is transferable to other people and settings than those studied (Charmaz, 2006; Lincoln and Guba, 1985).

In order to enhance the credibility of the present study, a number of qualitative validity procedures were used (Creswell & Miller, 2000). First, the investigator engaged in member checks throughout the interviews by asking clarifying questions and offering summaries of the participant’s responses. In doing so, participants were given the opportunity to correct the investigator’s representation and understanding of their worldview and experiences. Additionally, the participants were sent a copy of the preliminary results and were invited to provide feedback. Second, throughout the interviews the investigator avoided the use of leading or closed questions that had the potential to limit the participant’s ability to describe their perceptions and experiences. Third, the search for disconfirming evidence was used throughout the process of data analysis and interpretation. Humans have a propensity to engage in a confirmation bias, meaning that they tend to search for or interpret information in a way that confirms their beliefs, preconceptions, or hypotheses. Because of this cognitive bias, numerous attempts were made to search through the data for evidence that was inconsistent with emerging categories and interpretations. Fourth, peer debriefing with other professionals familiar with the experiences of sexual assault survivors was used so that the investigator was able to gain new
perspectives on the data and become aware of any personal biases or assumptions that were potentially skewing the interpretation. Finally, the investigator kept an audit trail of the data collection and analysis processes throughout the study. This audit trail included e-mail contacts with participants, transcripts, demographic information sheets, memos, and lists of initial and focused codes.

**Statement of Positionality**

As a constructivist qualitative researcher, I bring my own personal experiences, subjective worldview, and beliefs to the study. These have largely impacted not only my area of research interest, but also my research questions, epistemology, methodology, and theoretical stance. Furthermore, data collection, analysis, and interpretation will be mediated through me, as a human being complete with my own subjective assumptions and biases. *Theoretical reflexivity* (Charmaz, 2006; Corbin & Strauss, 2008), an essential component of grounded theory, is “the researcher’s scrutiny of his or her research experience, decisions, and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher’s interests, positions, and assumptions influenced inquiry” (Charmaz, 2006, p. 188). Theoretical reflexivity is about investigating one’s own subjectivity, feelings, and personal beliefs, and how these may be shaping the collection and analysis of data. Thus, although I am not able to separate myself from my worldview and sociocultural context, it is important that I identify and describe my own experiences, beliefs, and biases regarding the experiences of sexual assault survivors in order to investigate how they may be shaping my interpretation of the data. Although I will briefly present my initial beliefs and assumptions going into the study here, I will continue the process of theoretical reflexivity in memo-writing throughout the entire course of the study.
Since a very young age, I have been by surrounded by victims and survivors who have shared their stories of sexual victimization. After becoming a survivor myself at the age of 15, I began devoting much of my own time and resources to supporting individuals in my community who have experienced sexual and/or domestic violence. I have interacted with survivors in a number of different roles throughout my life—as an advocate, counselor, educator, prevention coordinator, and friend. Through these experiences, I have become acutely aware of the profound and lasting impact that sexual assault can have on survivors. I have both experienced and witnessed the devastation, shame, horror, and disconnection that can arise after an individual is stripped of their personal power and dignity. However, I have also both experienced and witnessed the resilience, growth, empowerment, and connection that can arise as a survivor moves throughout their healing process following sexual assault. Through these experiences, I have been continually amazed and humbled to witness the astounding ability of survivors to not only survive, but thrive following sexual assault. I have been a part of powerful groups of women, often fueled by their own experiences of sexual victimization, who have made a significant impact on the lives of thousands through their awareness, education, and fundraising efforts. I have witnessed women come together as a community of survivors, supporting one another as they share their stories of devastation, growth, and empowerment. As a counselor, I have been honored to walk beside many survivors as they embark upon their journeys following sexual assault, and I have been continually amazed at the ability of survivors to create meaning from their experiences, rediscover their personal worth and power, and experience profound healing, resilience, and growth.

When I came to graduate school, I knew that I wanted to study the experiences of sexual assault survivors. I became immersed in the literature, reading everything that I could find about
interpersonal trauma, from research articles to self-help books intended for survivors of sexual assault. I also began paying more attention to the images and depictions of survivors and victims in the counseling field, as well as in the broader culture. What I found was largely a portrayal of psychopathology, disorder, distress, and “broken” women. The vast majority of research and information available for survivors comes exclusively from this negative lens, with very little attention to the possibility of positive adaptation following sexual assault. What devastates me the most is the message of hopelessness that is associated with victimization, and how this message is implicitly being sent to survivors of sexual assault in a number of ways. For example, very recently a local agency that provides support and resources to victims of sexual and domestic violence displayed the following quote on their social media page: “The thing that most people didn't understand, if they weren't in this line of work, was that a rape victim and a victim of a fatal accident were both gone forever. The difference was that the rape victim still had to go through the motions of being alive” (Jodi Picoult, 2006, p. 84). Messages like this prompted me to begin questioning what impact the illness ideology and medical model have on the healing process of survivors, why the body of available research is so profoundly different from my own experiences of working with survivors, and what can I do to help create a more holistic and complete pictures of the experiences of survivors.

As I begin this research project, I will strive to take a reflexive stance by both staying close to the empirical data, as well as remembering that “what observers see and hear depends upon their prior interpretive frames, biographies, and interests as well as the research context, their relationships with research participants, concrete field experiences, and modes of generating and recording empirical materials” (Charmaz, 2005, p. 509). I bring a lot of history, assumptions about positive adaptation, and experiences of working with sexual assault survivors
with me into the study. As a constructivist qualitative researcher, I recognize that I will play a
large role in collecting and analyzing the data, and that my findings will be “interpretive
renderings of a reality, not objective reportings of it” (Charmaz, 2005, p. 510).
CHAPTER FOUR

RESULTS

Participants described experiences of sexual assault as having a significant impact on their emotional, interpersonal, physical, and spiritual well-being. Each participant described the devastation and distress, as well as the personal growth and transformation that resulted in response to their experiences of sexual violence. Although each participant’s experience of distress and positive adaption was unique and personal to them, a common thread that ran through each narrative was the presence of shame in response to the assault. Shame is “the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging” (Brown, 2007). The immediate action tendency associated with shame is to conceal one’s experience and avoid triggers that elicit the painful emotion. Many participants described the excruciating pain associated with viewing themselves as “damaged,” “broken,” “dirty,” and “worthless.” They explained how shame contributed to behaviors such as hiding, avoiding, and withdrawing from others, which significantly hindered their process of positive adaptation. They also described the empowering process of healing from this shame, rebuilding their sense of self, and discovering newfound appreciation for their strength, courage, beauty, and worth (see Figure 1 for an overview).

Vulnerability to Experiencing Maladaptive Shame Following Sexual Assault

Shame is an essential, adaptive emotion that humans experience and its primary functions are to promote socially acceptable behaviors, cultivate morality and a value system, and encourage the hiding of thoughts or behaviors that would lead to social alienation and ostracism. However, shame can become maladaptive and destructive when it becomes fused with an individual’s core sense of self and results in a global view of self as unworthy, unlovable, bad, or
Figure 1. The process of positive adaptation following sexual assault.
defective. Although all participants reported some degree of shame associated with their experiences of sexual assault, it appears that a number of experiences make an individual more susceptible to experiencing maladaptive shame. Prior to experiencing sexual assault, each individual is impacted by numerous risk and protective factors throughout their life that influence their vulnerability to experiencing maladaptive shame in response to a number of shame-inducing situations. Additionally, participants described a multitude of experiences that occurred in response to sexual assault that either made them more vulnerable to maladaptive shame or protected them from internalizing the shame they experienced in response to the assault. These risk factors and protective factors emerged at each level of the social ecological framework, with numerous sociocultural, interpersonal, and intrapersonal experiences interacting with one another to impact the extent to which an individual experiences maladaptive shame following sexual assault (see Table 1 for an overview).

Table 1

<table>
<thead>
<tr>
<th>Ecological Level</th>
<th>Experiences Impacting Maladaptive Shame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociocultural</td>
<td>Societal silence surrounding sexual assault</td>
</tr>
<tr>
<td></td>
<td>Access to awareness and education about sexual assault</td>
</tr>
<tr>
<td></td>
<td>Exposure to negative messages about what it means to be a victim or survivor of sexual assault</td>
</tr>
<tr>
<td></td>
<td>Victim-blaming societal messages</td>
</tr>
<tr>
<td></td>
<td>Sexual objectification of women and normalization of violence</td>
</tr>
<tr>
<td></td>
<td>Shame associated with sexuality due to societal and religious messages</td>
</tr>
<tr>
<td></td>
<td>Experiences of marginalization and oppression</td>
</tr>
<tr>
<td></td>
<td>Individualistic cultural values</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Responses from formal sources of support (e.g., law enforcement officers, university personnel, physicians, mental health counselors, and sexual assault advocates)</td>
</tr>
<tr>
<td></td>
<td>Responses from informal sources of support (e.g., friends, family, partners)</td>
</tr>
<tr>
<td>Intrapersonal</td>
<td>Perceptions of prior traumatic experiences</td>
</tr>
<tr>
<td></td>
<td>Attachment relationships within family of origin</td>
</tr>
<tr>
<td></td>
<td>Perfectionism</td>
</tr>
</tbody>
</table>
Sociocultural Impact on Experience of Shame Following Sexual Assault

**Societal silence surrounding sexual assault.** One of the fundamental functions of shame is to conceal experiences that may be viewed as unacceptable or immoral by others in order to maintain social connection and acceptance. Thus, the experience of shame is often associated with actions such as hiding, withdrawing, looking away, and remaining silent. The extensive amount of silence surrounding sexual assault on a sociocultural level highlights the high level of societal shame and stigma that continues to be associated with sexual violence, frequently resulting in minimization, denial, and invalidation of the experiences of survivors.

The majority of participants acknowledged the high level of silence surrounding sexual assault. Sexual assault was something that was “never talked about” and was “never really defined” for many of the participants. For example, one participant described the implicit messages associated with this societal silence and the importance of breaking the silence by sharing her story:

> Sharing doesn't make it any more real. I think it just makes it more manageable because it puts recognition to a reality that we have, as people, have spent a really long time trying to destroy. So…it gives it a place in a society that has worked very hard to take it away all together…Because we as a society just said, “That's ugly, so it's not part of society.” It is ugly. Speaking from experience, it is an extremely ugly thing. But that doesn't make it any less of society.

She continued to describe the societal message that she had received about sexual assault:

> That has been the continuing message that I have received. That those things [experiences of sexual assault] are to go away. That we shouldn't talk about them, that they should go away. That if we don't talk about them, they aren't there, they go
away…You can't help them go away, they aren't going anywhere. They are here to stay, just as much as I am.

Although shame is an emotion that is experienced on an individual level, the societal silence surrounding sexual assault sends implicit messages to survivors that their experience of victimization is something that is shameful and needs to be hidden away. This creates a major barrier for survivors to share their experience with others and seek needed resources. Participants identified fears of not being believed, not being taken seriously, having their experiences minimized or invalidated, or being viewed as a “slut” or “dirty” as reasons why they chose not to disclose the assault to others. It appears that the high level of societal shame and stigma that continues to be associated with sexual assault silences survivors and increases an individual’s vulnerability to experiencing maladaptive shame.

**Access to awareness and education about sexual assault.** This high level of societal shame and silence associated with sexual violence frequently prevents communities, schools, and families to provide adequate education regarding consent and sexual assault. Many of the participants explained that they were unaware of what sexual assault was until they experienced it first-hand and sought out information on their own. This lack of awareness and education frequently prevented individuals from defining their experiences as sexual assault and seeking needed support and resources. For example, one participant described how her lack of awareness about sexual assault contributed to her difficulty telling her mother that her step-father was sexually abusive towards her for a number of years during her adolescence:

> It was never really defined for me. I honestly didn't think of it as sexual assault until after I had reflected on it and was evaluating it. I felt sexually threatened and that is why I was
so anxious. The definitions that I got from the media or friends...it wasn't really something that you talked about.

She indicated that without this prior knowledge, she viewed her experience of sexual abuse as “normal” for many years and “didn’t recognize sexual assault when it was happening.” Another participant recounted how her lack of education prevented her from leaving a sexually abusive relationship:

After the initial experience, I didn't know what to do. I didn't know what was going on. I didn't really know anything about it…. I had to look up what had happened to me. I didn't at all. I actually remember sitting in my school's library Googling what had happened. Because I had... when counselors were like, "Why didn't you call the police? Why didn't you tell somebody? Why didn't you ask for help?" I was just like, “It never crossed my mind.”

Another participant also described how a lack of education contributed to her experience of being chronically sexually assaulted throughout her adolescence:

The tricky thing was that I didn't realize this because I didn't have a lot of resources. Like, I didn't get...we got sex ed, but we didn't get the whole consent and stuff like that. So I didn't realize, but when I was in high school…I was being taken advantage of by these people. I didn't realize that I was pretty much sexually assaulted multiple times and raped twice or three times.

Without having a framework to understand their experiences of victimization, many of the participants described feeling confused, ashamed, and unsure of how to talk to others about their experiences. For example, one woman described how a lack of awareness and education
prevented her from talking to others about her experience and increased her feelings of self-blame:

Being sexually assaulted later and I can't even tell anyone about it because I don't even know what happened to me in the first place. No one educated me about it. No one told me that this can't happen, or that if it happens it's not your fault.

Others described how the lack of discourse about sexual assault contributed to their belief that “no one ever had to deal with that problem,” which led to a view of self as being different and feelings of isolation.

Although the vast majority of participants described a lack of awareness regarding sexual assault, one participant’s story highlighted the protective function that receiving education about consent had on her experience following sexual assault:

It was explained pretty clearly to us in our family that sex was supposed to be consensual. It was also supposed to be for marriage, but, you know...I mean, if you told a guy to stop, he was supposed to stop. That is what decent men did. So, I knew that the man wasn't decent because he didn't stop. So he was the dirty one, not me. But why don't more women get that? I don't know, I don't know.

She described how having this framework prevented her from internalizing shame associated with the sexual assault. Other participants described how going to universities that discussed more openly issues regarding sexual violence was an important aspect of their healing process, as they learned that they are not alone, that their experiences are valid, and that they have many resources that they can utilize.

**Negative messages about what it means to be a victim or survivor of sexual assault.**

Participants described many of the negative societal messages they have received regarding what
it means to be a victim or survivor of sexual assault. The media frequently portrays women who have been sexually victimized as being highly fragile, damaged, and unstable individuals who experience chronic distress across multiple domains of their life. They are often portrayed as being permanently altered and “different” from others, and therefore need to be treated in a cautious, delicate manner. For example, one participant recalled the messages she received about being a victim from the media:

I remember watching…a lot of Law and Order SVU [Special Victim’s Unit] and just seeing the constant repetition of every time the victim says, “Oh I’m fine” and then they’re not. And while of course that’s not something that goes away, I don’t want to be treated like, “Oh, she might say she’s alright but, you know, maybe underneath she’s still not normal.”

These societal portrayals have the potential to activate shame for individuals who have experienced sexual assault, as they send an implicit message that survivors are now defective, lesser than others, and incapable of meeting life’s challenges. As one participant described, “To be thought of as a victim lowers self-esteem completely. That feeling of pity washes over me and I don’t like to feel that way.”

Although this societal portrayal may be accurate for some women who have experienced sexual assault, especially in the immediate aftermath of trauma or for individuals who have experienced chronic sexual abuse, many of the participants did not believe that this image accurately reflected their experience. Instead, several of the participants described how the societal portrayal of “damaged” survivors of sexual assault prevented them from sharing their experience with others. They listed fears of being viewed as weak and vulnerable, being treated with “kid gloves” due to the portrayal of fragility, and being rejected due to negative judgments,
fears, or discomfort. The stigma and shame embedded within these societal portrayals of victims and survivors of sexual assault activates the desire to hide away this experience in order to maintain a feeling of acceptance and belonging with others. For example, one participant shared about how this societal portrayal has prevented her from telling any of her romantic partners about her history of sexual assault:

Just like I said, the belief by people that it means that they need to be particularly wary of doing something, or being careful, or considering you as fragile. Like I said, that’s probably the biggest reason I hadn’t told any of my partners since. Not because I feel like they would have a negative reaction, but just because…I don’t want somebody to look at me and say “Oh, this girl definitely has baggage” or “This girl still is not quite on page with healthy relationships”…which absolutely isn’t true.

Additionally, the societal portrayal of individuals who have experienced sexual assault focuses primarily on the immediate aftermath of the experience, often without an acknowledgment of the healing process that frequently occurs for most individuals. Although the label “survivor” is generally preferred within the domain of violence against women and connotes that a degree of healing has occurred, this label also implies that sexual assault is an important aspect of an individual’s identity. For many of the participants, they described their experiences of sexual assault as just that—experiences. As they moved farther along their healing process, many participants indicated that having experienced sexual assault was no longer a salient aspect of their identity. Many of the participants described the importance of “not being defined” by their experiences of sexual assault and their dislike of the labels “victim” and “survivor.” For example, one participant stated:
I don't define myself as a survivor. I am a survivor, but that's not the first thing I think of when I'm describing myself. It's like how you opened up the interview, “Tell me about yourself.” One of the first words...I didn't really describe myself as a survivor or a victim first, because I don't like to think of myself that way. Even though it's technically in my laundry list of things, attributes about me, it's not in my top five.

Another participant described her hatred of the words “survivor” and “victim”:

I absolutely hate the word survivor. I am not a survivor of sexual assault. I did not survive. Who I was did not survive sexual assault. It destroyed it. It's not a bad thing, that that was destroyed, but I did not survive sexual assault. Physically, sure, but who I was did not survive. So I am not a survivor of sexual assault. I am...I am a blossom post-sexual assault. I also don't think I'm a victim of sexual assault. That's not how I identify. I know "victim" and "survivor" are words that are commonly used for people who have experiences that are shameful...Those are words that are utilized only when someone has experienced something that other people don't know how to describe, internalize, understand, put a name to, put on paper, quantify. When other people don't understand it, you are a survivor. When other people don't know how to take that information in, you are a victim. I'm not a victim. I'm not a survivor...I was a person who experienced an ugly part of living, but that doesn't make me a victim. I am someone who has seen something ugly, but that doesn't make me a victim. That makes me one of life's participants.

Although participants ascribed differing meanings to the labels “victim” and “survivor” and had different preferences for what they would like to be called, the general consensus among the majority of participants was that neither label captured their experience and that they would
prefer to describe sexual assault as an event that they have experienced, rather than as a piece of their identity. This is understandable, especially when considering the stigmatizing and shaming societal portrayals of what it means to be a “victim” or a “survivor” of sexual assault.

**Victim-blaming societal messages.** The majority of participants indicated that they had been exposed to powerful societal messages that blame victims for causing sexual assault, for “letting it happen,” or for not working hard enough to either prevent or stop a sexual assault from taking place. These messages are extremely shaming and imply that individuals who have experienced sexual assault were not strong enough or smart enough to keep themselves safe, or “deserved” to be the victim of sexual violence. For example, one participant recounted how these victim-blaming messages impacted how she viewed herself:

You're stupid if it happens to you. Like...this was totally preventable. You know, it's again that ancient idea of...somebody jumps you in a back alley, or you're just too drunk...Like, you're in the wrong part of town, you drank too much, you did something. The individual is at fault.

Historically, sexual violence prevention programs have primarily focused on women, teaching them self-defense techniques and various strategies to avoid being sexually assaulted. Although these prevention strategies may be experienced as empowering for some women who become more confident in their ability to keep themselves safe, this approach to sexual assault prevention education can also be perceived as victim-blaming. By focusing primarily on potential victims rather than the role of offenders, many women are receiving the implicit message that it is their responsibility to prevent sexual assault from occurring and that it is their fault if they become a victim of sexual violence. For example, one participant stated that “Growing up, it was kind of like…”'protect yourself” instead of ‘don't be a rapist.”’ These
victim-blaming societal messages can potentiate an individual’s experience of shame and self-blame following a sexual assault.

Many of the participants described how they internalized these societal victim-blaming messages and came to believe that they were at fault for the sexual assault. For example, one woman stated: “I felt like it was all my fault. I still kind of have twinges of ugh, it could have been avoided. That whole situation could have been avoided.” Another participant recounted: “I blamed myself for sure because I sat there and thought about how I dressed, or what I did, or how I had assisted in something like that happening.” A third participant indicated that blaming herself was the only way she was able to understand why the assault occurred: “You know, I am a full-fledged believer that I should be able to walk around naked and nobody should have the right to touch me. But the only way I could make sense of it was, what did I do?” A fourth participant described the shame and self-blame she felt in response to a sexual assault: “People know me as…I'm really good, I follow the rules, I wouldn't get into that trap. I was taught, raised not to get into that situation. So that's why…I felt disappointed in myself.”

Although most of the participants described being negatively impacted by the victim-blaming societal messages they had been exposed to, the extent to which they believed and internalized these messages varied greatly between participants. Some individuals had struggled with self-blaming beliefs for years, others blamed themselves for some time after the assault but then later recognized that it was not their fault, and a few participants indicated that they never viewed themselves as responsible for the sexual assault. For example, one woman described her fervent rejection of these victim-blaming messages:

Yeah, I see societal messages out there. No one has ever tried to give one to me, which is probably a good thing for them. But, these messages...you know, what you were
wearing, what you were doing. It doesn't matter… I don't care if a woman or man is walking down the streets stark naked, that's not license to rape them. So there are messages I see… I don't let them give them to me, but I see those messages out there and I work against them… I really work against those messages when they come up… I do get angered when they are putting out these funky messages, trying to find ways to make it the victim's fault. I get angry. But then I look for a way, "Okay, how do I counter this with a positive action?"

She went on to recount how working against these messages and wholeheartedly believing that she was not at fault for experiencing sexual assault protected her from many of the negative results of sexual assault, including shame:

But the biggest thing is, don't accept that dirt. It's bad enough that they screwed you, don't let them leave their dirt behind. It's their dirt. Let it go with them. It seems like shame is one of the worst things and I never had that. I still don't have that. I have PTSD, but I don't have shame.

**Sexual objectification of women and normalization of violence.** Participants described living in a culture where women’s bodies are devalued and objectified, and where women are expected to be vulnerable, submissive, and readily available to meet the needs of men. The media frequently portrays highly sexualized images of women, treating women as sexual objects of male sexual desire without any regard to their personal dignity or inherent worth as humans. For example, one participant explained:

There's definitely a lot of sexualization of the female body and how it's... like any movie poster or anything, it's not equal treatment for men. So... I feel like there's a lot of
objectifying women, and I feel like that probably encourages men to treat women like objects.

She goes on to describe how although some women objectify themselves as an expression of their empowerment over men, this continues to promote the sexual objectification of all women:

I mean it's all cool and dandy to empower yourself, but I feel like there's a line between empowerment and I guess degrading the image of other women as well. I feel like...the perspective given from pop culture, or cinema, etcetera...the image that's being given isn't just by men, but definitely how women treat themselves in pop culture.

The dehumanizing experience of witnessing women being treated as sexual objects in society, and then experiencing sexual assault firsthand, can have a devastating impact on how women perceive their self-worth and the value of their body. Several participants described how they internalized this societal objectification of women, which has contributed to low self-worth and chronic feelings of shame and inadequacy. For example, one Asian American woman who experienced chronic discrimination, microaggressions, sexual objectification, and sexual assault throughout her life described how these experiences intersected with one another to impact her self-worth:

It's [self-worth] so low...Well first of all, I'm Asian and I want to be White and I want to be pretty. It's gotten to the point where I have really low self-esteem but each time when someone made a sexual move on me or anything like that, or commented sexually on me, that's what I thought was a compliment. That's the only kind of compliment I could get that could really boost my self-esteem. At the same time, it was really uncomfortable and kind of gross. Like, the only thing that I was soaking in.
She went on to explain how she would frequently engage in unwanted sexual experiences with men because her perception of her body’s value was so low and the only way she was able to feel acceptance or confirmation was through sex.

Societal objectification of women also contributes to the normalization of sexual violence. Several participants described how the media frequently minimizes the gravity of nonconsensual sex because “women are supposed to be submissive to their guy.” For example, one participant described her frustration with the concept “if you chase a woman far enough, she will finally love you” that is frequently represented in the media. Another participant described her experience of going to parties on a university campus, feeling chronically subjected to sexual harassment, and frequently witnessing sexual assault occurring but not being named as such due to the normalization of violence against women:

I once went to a frat…and it's like all of the girls were underage and really, really drunk, far too intoxicated. And I feel like, like honestly, in that environment, I feel like sexual assault is occurring there. Simply put. I feel like some of those environments encourage…well, they encourage things like that to happen. It's more acceptable, it's more accepted by individuals in that environment.

Additionally, several of the participants reported feeling like “just another statistic” due to the overwhelming frequency of sexual assault in our society. One participant described how the normalization of violence and her feelings of shame contributed to her decision not to tell others about her experience of sexual assault:

I just felt like I wouldn't be taken seriously…Like, I feel as a woman, it's just something that's going to happen in your lifetime. I feel like it shouldn't, it's not a good thought, but
it's just...it happens to so many people, why would this be unique? I just don't...and I didn't want to feel weak. Like you know what I mean? Like dirty.

Sexual objectification and normalization of violence sends implicit messages to women that their bodies do not have inherent value and their experiences of victimization are not important, which can have a significant impact on their self-worth and experience of shame following sexual assault.

**Shame associated with sexuality due to societal and religious messages.** Western society sends very conflicting messages to women regarding their sexuality. As discussed in the prior section on sexual objectification, women are bombarded with sexualized images of females in the media and mainstream culture, which significantly impact how they perceive their bodies and express their sexuality. However, many women also receive shaming messages about their sexuality and are taught that sex, especially sex outside of the context of marriage, is immoral and sinful. Women are then left with the conflicting message that they should strive to *look* sexually appealing, but actually having or enjoying sexual experiences makes you “dirty” or a “slut.” The shame associated with sexuality that dominates Western culture prevents individuals from engaging in authentic conversations about sexuality and sexual diversity, which frequently leaves women without a healthy template from which they can make sense of their own sexual experiences.

Many of the participants described the ways in which certain religious beliefs and messages contributed to feelings of shame regarding their sexualities, which exacerbated the level of shame they experienced following sexual assault. In regards to her experience of shame following sexual assault, one participant recounted: “I mean, because I grew up in a household that was very Christian and very dysfunctional…and so having the Christian aspect, where they
say that's dirty and that's wrong and that's bad, was part of it.” Another participant described how her perception of religious teachings contributed to feelings of self-blame following sexual assault:

The religious aspect of it I felt like…a lot of it was poor. I just felt like maybe...a lot of it is all on the woman. Definitely, for sure, I feel like a lot of it is the woman's responsibility not to get raped.

Another participant, who identifies as bisexual, described the messages she got from her family and religious community that sexual assault is to be “expected” if you engage in any form of sexual activity before marriage:

Like I said, my family is still a little bit more old-fashioned. My parents and extended family are members of a very, very old-fashioned, conservative Roman Catholic Church. Which…and they feel very strongly about the evils of pre-marital sex, which in extension was a sort of, “Well you opened up Pandora’s box and you want to”…which they believe is, you know, sinful, shameful…“and now you want to be upset about it?”

This belief significantly impacted her own self-blame and interfered with her ability to tell others about the sexual assault for fear of receiving shaming and victim-blaming messages. She also described how the religious messages she received regarding her sexual orientation exacerbated the amount of shame she associated with her sexuality. Although many participants described the ways in which religious teachings exacerbated shame and guilt following sexual assault, several participants also described how becoming more connected with their spirituality, engaging in religious coping strategies, and receiving support from religious communities promoted their positive adaptation following sexual assault.
Additionally, one participant described how growing up in a culture that worked to minimize shame associated with sexuality and the human body significantly protected her from experiencing maladaptive shame in response to sexual assault:

I think it's important that I was basically coming out of hippie culture. You know, I was pretty entrenched in that culture at the time. And in general, there was a lot of emphasis on losing shame, losing body shame...But I think that's important. I think one of the things that did help me was being part of that whole hippie culture and that whole thing where we were trying to kind of turn away from this commercial model of bodies and how they are supposed to be, and be more natural about them and more accepting of each other's...So much about the hippie movement was really about dropping shame. Dropping shame, dropping blame, dropping guilt trips. Do your own thing as long as you don't hurt anybody. Love your brother, save water, shower with a friend. But it was about being more open and losing that shame. So I think that was probably hugely helpful, too. And I think in general, this is only a generalization, there are always exceptions...in general, you might find that women who come from a hippie culture background will do a little better with being rape survivors.

She shared how her perception of hippie culture’s stance on “dropping shame” had a significant impact on her process of positive adaptation following sexual assault, as she never blamed herself, felt ashamed, or held onto any of the “dirt” associated with her experience of sexual assault. Instead, she reached out to her friends, got support, and invested herself in different social justice causes.

**Experiences of marginalization and oppression.** For several of the participants, their experiences of sexual victimization were just one aspect of the systemic marginalization and
oppression they encountered on a daily basis throughout their lives. When individuals experience chronic discrimination, microaggressions, oppression, and lack of resources because of their marginalized identities, they can internalize these societal messages and come to believe that they are inherently not as worthy, capable, good, intelligent, or attractive as individuals in privileged groups. Thus, they begin to experience oppression and discrimination internally, which can contribute to chronic feelings of shame, inadequacy, unworthiness, and disconnection from others. For individuals with a high level of internalized oppression, experiencing sexual assault can reinforce these previously held negative beliefs about the self, making an individual more vulnerable to experiencing maladaptive shame in response to sexual assault.

For example, one participant described the challenges associated with being multiracial and growing up within a White community, where there was “a very negative connotation with Hispanic culture.” She expressed her sadness associated with being “in-between” cultures and not being exposed to many individuals who looked like her, as well as her feelings of being “different” and the “brown friend that everyone has.” Experiencing ongoing sexual abuse was just one aspect of the chronic marginalization and oppression she confronted on a daily basis.

Another participant described herself as a first generation Asian American whose parents immigrated to the United States from Taiwan. She explained how experiences of discrimination, microaggressions, poverty, emotional abuse within her family, and ongoing sexual abuse from peers contributed to extremely low self-worth and chronic feelings of shame. She also described how her process of internalizing these messages resulted in a deep, enduring desire to be White: “I had a lot of microaggressions in my childhood and into high school and everything. I wanted to be White so much. I wanted to be White.” She was particularly impacted by the lack of Asian
models represented in the media, which reinforced her belief that as an Asian woman, she cannot possibly meet the standard of beauty that is idealized in Western culture:

I didn't get mad at first because I saw so much of it that I thought that was normal. That's how it is. So instead of going like, "I wish there were more Asian people," I was like, "I wish I were White." Because that's what they were showing me. And I wasn't mad, I was like, “Okay, this is normal.” Usually Asians aren't that hot anyways, so...I don't know. It's weird. But, I still have trouble with that because I'm like, "Oh, I wish I was White."

She described how these experiences contributed to an extremely negative body image and caused her to seek approval and validation by becoming involved in sexually exploitive and abusive relationships, which only further reinforced her low self-worth and feelings of shame.

**Individualistic cultural values.** Many of the values embedded within a Western individualistic culture (e.g., independence; self-reliance; personal power, strength, and responsibility) can be perceived as shaming for individuals who have experienced sexual assault. Because individuals with an individualistic orientation have a tendency to view themselves as being more in control of their lives, they may be more likely to blame themselves and feel ashamed when they experience vulnerability, a loss of power, or the perception that they are falling short of their personal expectations. For example, one participant described how the individualistic culture contributed to the self-blame she experienced following sexual assault:

I think it comes from a lot of the whole individualistic culture that we live in, the whole America emphasis on the individual. Like regardless of what it is, it's always somebody's fault and not a bigger sociocultural imposition that might be predisposing a group to screw up. You know, but it's your fault—you're not working hard enough, you didn't see
something, whatever. Go America. Which is fine. It's really great in a lot of aspects, but I feel like instances like this [experiences of sexual assault]…I mean, like a battered wife, it's her fault because she's still with him. You know? She could leave...you don't know that.

Many of the participants described the intense shame they felt associated with being helpless and unable to protect themselves from being sexually assaulted. When describing her experience of being sexually assaulted, one participant stated: “Oh I was so ashamed. Because how do you...how do you explain vulnerability? You know, I don't know how you could.” She went on to explain how she had valued being self-reliant, in control, and “guarded” throughout her life, and the shame she experience in response to being the “vulnerable one in the group” that the offender selected to sexually assault:

I was successful at being guarded, having no weakness…which is a fable, but having my weaknesses very well guarded. I had done it very successfully for many years. And then I couldn't do it. To just have every wall that you've ever built that protects you, and keeps you safe, and makes you functional...to have those just like kicked down and just be super, super raw...and even to do that in a 24 hour span, you know.

Another participant described how her mother, who had been forced into an arranged marriage, emphasized the importance of “being strong,” and not letting “any guy do this to you.” She recounted the shame and embarrassment she experienced associated with being sexually assaulted, having “all of my boundaries broken,” and feeling “vulnerable and helpless.”

Other participants described not only the shame of experiencing vulnerability during the sexual assault itself, but also when experiencing trauma-related symptoms afterwards and
repeatedly feeling out of control of their bodies. For example, one participant who experienced frequent panic attacks for several years following a sexual assault explained:

It's one thing when you are feeling mentally out of control, but it's another thing where your mind connects with your body and it's all...like everything is connected. Where you are just like, "I'm not...what is happening and why can't I control? I'm so balanced. I'm such a balanced, productive person. Why am I feeling like I am dying?"

She went on to describe the shame associated with the vulnerability she experienced following the assault:

Yeah, you go through something like that and you don't know how to put the pieces back together. You can't put them back together. And every time that where you're vulnerable gets hit, poked, touched, addressed...you feel like you are dying. And it's shameful, and you feel ashamed, you feel scared and ashamed, and it's...when you are in that state of mind, someone could say something that's uplifting and you aren't even going to believe it because you feel like you are dying.

Because self-reliance and independence is so highly valued within an individualistic society, asking for help or depending on others if often experienced as shameful. Many of the participants described how these values impacted their ability to seek needed resources and support following a sexual assault due to fears of being perceived as “a burden” or “weak” for not being able to cope with the situation on their own. For example, one participant described how her shame interfered with her ability to reach out to others following sexual assault:

It’s kind of strong personality thing—wanting to be strong, wanting to look strong, wanting to be strong, wanting to be able to be strong enough to deal with things by
myself without having to reach out. And not wanting to reach out. You know, feelings of shame about this kind of event happening to me. After disclosing that she had been sexually abused by her step-father, another participant tearfully reported: “That's something not a lot of people know. I haven't told many of the experiences I went through because it's just painful and I don't want to burden them with it.” In reference to how the individualistic culture has impacted her experiences following sexual assault, a third participant reported: “Oh yeah, you will drown, you will drown, you will absolutely drown. Because that's the first thing I did…because I finally realized that I've been assaulted…and I locked up, I shut everybody out.”

It is apparent that Western society’s emphasis on being in control of one’s physical and emotional state, “pulling up your bootstraps” in response to adversity, and relying on yourself to navigate challenging situations has a significant impact on the shame individuals experience in response to sexual assault—an experience that strips individuals of their control, overwhelms their coping resources, and frequently necessitates social support and connection to heal due to the interpersonal nature of the trauma.

**Interpersonal Impact on Experience of Shame Following Sexual Assault**

After an experience of sexual assault, an individual is left to navigate the complex interpersonal realm of deciding whether to report the assault, seek resources, and tell others about their experience. Because feelings of shame motivate an individual to hide one's experiences, shame frequently silences survivors of sexual assault and prevents them from seeking needed resources or getting support. If they do decide to share their experience with others, they face the risk of receiving invalidating, blaming, minimizing, and shaming responses. Women who have experienced sexual assault are not the only ones impacted by the sociocultural
messages that maintain silence surrounding sexual assault, such as blaming victims, objectifying women, normalizing violence, and associating shame with sexuality—everyone is impacted in some manner. Although no one is immune to these sociocultural messages, the degree to which they are internalized significantly impacts how individuals respond to disclosures about sexual assault. For example, individuals who hold many victim-blaming beliefs, view women in a degrading manner, or are unwilling to talk about sexual assault because of their own high levels of shame surrounding sexuality may be more likely to provide shaming responses to disclosures about sexual assault. Thus, an individual’s experience of shame following sexual assault is not only impacted by their own exposure to these sociocultural messages, but also to the responses that they receive from both formal and informal sources of support.

**Responses from formal sources of support.** The sociocultural messages that shame victims, normalize violence, and objectify women impact an individual’s choice to report sexual assault and seek formal sources of support (e.g., law enforcement officers, university personnel, physicians, mental health counselors, and sexual assault advocates). The vast majority of the participants did not choose to report the assault for a variety of reasons, including the assumption that they would not be believed or taken seriously, fear about receiving shaming and victim-blaming messages, and viewing sexual assault as a “normal” aspect of a woman’s experience. Additionally, many participants described the stigma associated with counseling and expressed the belief that asking for help was a sign of “weakness.”

For those individuals who do choose to report sexual assault to formal sources of support, the responses from these professionals can have a significant impact on a survivor’s experiences following sexual assault, including feelings of shame and self-blame. Because these individuals hold positions of power, their responses are often influential and have the potential to either
hinder or promote an individual’s healing process following sexual assault. Whereas responses that perpetuate victim-blaming and victim-shaming sociocultural messages can be very detrimental, receiving affirming and validating responses can help promote positive adaptation in individuals who have experienced sexual assault.

For example, participants who sought therapy following sexual assault described having vastly different interactions with their counselors, which had a significant impact on their healing process and the level of maladaptive shame they experienced. Several participants described feeling blamed by their counselors for both instigating sexual assault, as well as for not leaving a sexually abusive relationships sooner. For example, one participant recalled receiving explicit victim-blaming messages from a male counselor:

Literally the only thing I remember from that string of counseling sessions there was...that he said my body language was very provocative, it was very suggestive.

Because he had like big armchairs in his office, and you know I always wore spandex and stuff. So I'd get comfortable and I'd sit like this [sits with one leg up on chair] and talk to him, and he's like, "Even as you're sitting, your legs are spread."

She described how her interactions with this counselor further reinforced and exacerbated her own self-blame and feelings of shame. However, she indicated that several years later she sought therapy with a different counselor who was very validating, which she described as an experience that significantly promoted her process of positive adaptation following sexual assault. Other participants described how their counselor’s supportive and affirming messages, such as “It’s not your fault” and “I believe you,” were essential components of their healing processes.
Those participants who chose to report the sexual assault to law enforcement also described having very mixed interactions, which had a significant impact on their experiences following sexual assault. Whereas some participants described the process of seeking justice and reporting the sexual assault to law enforcement as an empowering experience, other participants described the process as “invasive,” victim-blaming, and not sensitive to their needs. For example, one participant described the disempowering experience of having to provide a detailed account of the assault on two occasions in public locations because the detectives were not willing to secure private locations for the interviews. Another participant described feeling that the detectives did not believe her story and that she had to prove that she was not “lying” throughout the entire interview. These responses from professionals in helping fields to disclosures of sexual assault can have a significant impact on a survivor’s process of positive adaptation and feelings of shame following sexual assault.

**Responses from informal sources of support.** Feelings of shame and fears about receiving shaming messages from others often silences survivors and prevents them from telling friends and family about experiences of sexual assault. Participants listed many reasons that contributed to their decision not to tell significant others about their experiences, such as fears about being viewed as “dirty” or “a slut,” the belief that others will blame them for causing or contributing to the assault, or the fear that they will not be believed and their experience will be minimized or invalidated.

Many participants also described their fears of telling others about the “shameful” experience of being sexually assaulted for fear that their reputation would be “tarnished” and that others would lose respect for them. For example, one participant described her fear about telling
a romantic partner about her experience of sexual violence because she did not want to receive and internalize any more shaming and invalidating messages:

I thought he would think I was dirty, too. I thought he'd think I was damaged, and on top of that, I was really, really afraid that...when you have certain experiences happen in your life, they sometimes become normal. If someone tells you that you're ugly enough, you're going to start believing it.

Another participant described her fears about telling her male friends because she did not want to change their perspective of her and have them come to view her as “easy” or that she “was asking for it.” It is clear that shame plays a powerful role in women’s decisions not to tell others about experiences of sexual violence, often contributing to silencing, hiding, and withdrawing at a sensitive time in an individual’s life when they are likely in great need of affirmation, validation, interpersonal safety, and connection.

Participants described receiving a wide variety of unhelpful responses from friends and family to their disclosures about sexual assault, including overtly victim-blaming, subtlety disregarding, denying, minimizing, and avoiding. These responses frequently exacerbated feelings of shame and self-blame, leading to further silencing and disconnection from others. For example, one participant described how a negative response from her boyfriend after she was sexually assaulted resulted in her not telling anyone else about her experience:

I was definitely afraid of how people would perceive me. My boyfriend at the time...he acted skeptical about it all. Basically...felt that it was shameful. And so I basically didn't really discuss it with anybody else. I feel like I tried to reach out to him so that maybe he could help me, I guess, seek help from others, too...this person that I really trusted. But,
he's a very, very traditional, very religious kind of individual at the time, and he was very...they heavily frowned on it all, you know, those kind of things.

Another participant described how her mother’s decision to ignore and minimize her disclosure about sexual assault exacerbated her feelings of shame and isolation:

I was embarrassed to talk about it in the first place, so when someone is not...I had talked to her about it and her response was to turn around and look at the television and just not talk. So it was really a…and my mom is a great mom, I'm very close to her, but to see her react like that….It was terrible. It was terrible talking to her like that and her response was awful. And then it took her about a year to respond, and then she responded with, "Well, that's common."

She went on to describe the implicit messages that her mother’s reaction sent her about the shameful nature of her experience of sexual assault:

I did so well at everything. I was always the perfect child. So having something bad happen, and having that just, "Under the rug it goes, let's not let that tarnish everything that you've done that's so right." Even though that might not necessarily be the right association, that was the association that I made—“Let's not let that tarnish it.”

Other participants shared about their experiences of being laughed at, being told that they “deserved” to be sexually assaulted, and being accused of instigating the assault because of what they were wearing or drinking.

Interpersonal interactions following sexual assault, especially those that are affirming, validating, and accepting, can also serve to protect individuals from internalizing shame associated with experiences of sexual violence. Participants described the powerful impact that
being listened to and believed, having their emotions validated, and receiving normalizing messages from others had on their process of positive adaptation following sexual assault. Just as receiving shaming messages can lead to further silence and disconnection, receiving validating messages in response to a disclosure about sexual assault can promote survivors to continue sharing about their experiences and reaching out to their support system.

One participant described how the responses from her mother and brother helped heal the shame she felt in response to a sexual assault:

Something my brother had said on it was that there's no reason I should be ashamed, I didn't do anything wrong. If anything, he should be ashamed because he's a grown man and I'm a 14 year old girl…He should be the one who is ashamed.

Another participant shared about how having a positive first reaction to her disclosure helped her to continue reaching out to others: “I feel like it's because I reached out to one person and they were very receptive to help me. And that encouraged me to reach out to other people.” Another participant, who was deeply ashamed about being sexually abused by her step-father, described how her friend’s reaction helped promote her healing: “She never abandoned me, like, ‘Oh this family is really crazy, he is really awful to her, I'm just going to leave her.’ She stuck by me the whole time.” A third woman described how having a strong, validating support network protected her from internalizing shame and self-blame associated with sexual assault:

I had some pretty good girlfriends I could talk it over with and get hugs. I had some support. I had people I could talk about with, and I didn't have the dirty feeling. I didn't feel like it was my fault. I mean, I accepted rides from all kinds of people, sometimes late at night, and none of the rest of them raped me. You don't rape someone just because she has a swing shift job and gets off work late, that's not an excuse.
Interpersonal experiences following sexual assault can have a powerful impact on an individual’s process of positive adaptation and feelings of maladaptive shame, in both detrimental and health-promoting ways. These responses take place at an interpersonal level; however, they are heavily influenced by the powerful sociocultural messages that contribute to a victim-blaming, misogynistic society. Although great strides have been made in the past several decades to create more awareness and understanding of violence against women, it appears that women are still confronted with many harmful responses from both formal and informal sources of support that significantly impact their healing process following sexual assault.

**Intrapersonal Impact on Experience of Shame Following Sexual Assault**

Each individual is embedded within a complex sociocultural and interpersonal system and has a unique constellation of prior life experiences, cultural values, experiences of oppression and privilege, relationships with others, and attachment experiences. These contextual factors interact with an individual’s intrapersonal characteristics (e.g., intersecting identities, temperament, genetic predispositions, personality features, values) to influence the development of an individual’s core schemas and beliefs about self, others, the world, and the future, as well as their vulnerability to experiencing maladaptive shame in response to shame-inducing situations. At the time of a sexual assault, an individual is influenced by a multifaceted assortment of sociocultural messages, interpersonal experiences, and pre-existing core beliefs. For example, many participants described experiencing chronic shame and having negative beliefs about self and others long before being sexually assaulted, frequently stemming from a number of disruptive interpersonal experiences. Sexual assault must be understood within the context of an individual’s life, as these core beliefs have a significant impact on the way an individual defines, understands, copes with, and heals from sexual violence.
Perceptions of prior traumatic experiences. How an individual makes sense of prior experiences of trauma has a significant impact on the emergence of maladaptive shame following sexual assault. Participants described experiences of chronic emotional abuse within the family, sexual harassment, bullying, repeated public humiliation, homelessness, poverty, discrimination, and intergenerational trauma. These experiences frequently contributed to low self-worth and chronic feelings of shame and inadequacy. For example, one participant described how the chronic emotional abuse she received from her step-father impacted her view of self:

When you are treated so crappily by someone else, the self-worth that you see in yourself, you don't have any. Like, I didn't see that I was worth anything because I was letting myself be treated so poorly. It was just really hard to develop any kind of self-esteem when someone was always there to cut you down. It didn't seem worth it trying to build yourself up.

When the abuse turned sexual during her adolescence, this reinforced her pre-existing beliefs that she was unworthy. Another participant described how her experiences growing up within an emotionally invalidating environment, being bullied throughout school, and being sexually assaulted interacted with one another to impact her self-concept:

And I felt like, up to that point, I hadn't had very healthy, reaffirming messages in my life. Between the sexual assault and between the people I chose to hang out with, and between some of the experiences that I had had growing up that weren't necessarily positive, I didn't think that I had a very good...I didn't think that I had very reaffirming messages about myself, and my place as a woman, and my place in society, and my role,
and my ability to be strong, and my ability to decide for myself. And that was something
that I internalized.

A third participant described how severe verbal and emotional abuse from her father while
growing up, as well as chronic experiences of poverty, discrimination, and microaggressions
eroded her self-worth and contributed to chronic feelings of depression, shame, and inadequacy:

It's a whole different experience…the whole first generation, Asian, parents were super
poor, my mom was in poverty back in Taiwan. It's a whole different thing. So when
someone jokes about rape or jokes about Asian people, they don't know. They don't
realize how much I want to be White just because I was Asian, because I was getting the
message…I wanted to be sexually appealing because I was just…it was the only self-
esteem booster I could get. Because my parents…my dad hated me. I thought I was
unattractive for the longest time because he was like, "You are ugly when you cry.” He's
like, "Everyone is so much better than you, you are not my daughter; I wish you were
never my daughter."

Although prior experiences of trauma may contribute to an individuals’ susceptibility to
experiencing maladaptive shame in response to sexual assault, it is important to highlight that not
all traumatic experiences are inevitably internalized and result in long-lasting, negative core
beliefs about the self. To the contrary, several participants described how having gone through
prior traumatic experiences enhanced their ability to cope with sexual assault. For example, one
woman who reported relatively mild levels of disturbance following a sexual assault described
how her experience of other traumas at that point in her life protected her from experiencing
more distress:
I had been through so much trauma. I mean, by that point I had been through not only the battering from my mom, but her subsequent suicide, leaving home, running away from home, and then coming back after a while after my mom died...my life had just been in such turmoil, it was kind of just one more thing. So it helped, too, that I was in the middle of such a traumatic time of life that it was like, "Well, here is one more to get through."

Another participant, who had been sexually assaulted on two different occasions, described how she coped more effectively with the second assault because she had more knowledge about resources and had become more willing to reach out to her support system during times of need:

After the second time, it wasn't as bad as the first time. The first event was...basically, it destroyed me. The second event, which was a year ago...I dealt with it very well. I immediately went to the police, immediately got involved with the free legal services here on campus, and immediately contacted my friends so that I would have support.

Additionally, the majority of participants described developing more positive core beliefs about themselves as a result of healing from sexual assault, which may increase resilience to experiencing maladaptive shame. A history of trauma is just one component of an individual’s complex sociocultural, interpersonal, and intrapersonal system, and many complex factors interact with one another to determine whether prior trauma acts as a risk factor or protective factor for experiencing maladaptive shame following sexual assault.

**Attachment relationships within family of origin.** Although attachment occurs at an interpersonal level, it is included here as an intrapersonal characteristic because an individual’s experience of attachment within the family of origin has a significant impact on core beliefs about self, others, and relationships. Disruptions within an individual’s attachment to their
primary caregivers can have a considerable impact on how an individual perceives themselves, contributing to chronic feelings of shame, inadequacy, unworthiness, and a view of self as being unlovable and unimportant. Later experiences of trauma or sexual violence have the potential to reinforce these already held negative views of self, increasing an individual’s vulnerability to experiencing maladaptive shame in response to sexual assault.

Participants described many experiences within their families that negatively impacted their level of attachment to primary caregivers, such as emotional invalidation and abuse, having parents with significant mental health concerns, divorce, abandonment, and rejection. For example, one woman described how a disruption within the nuclear family contributed to chronic feelings of shame and isolation throughout her life:

It would have been easier to have a normal unit like all of my friends. Like, a mom and a dad, supportive, just normal. It just, it made it different…I have a really unique experience from all of them. Most of my friends, their parents are still married…It kind of makes me feel like an outcast. Maybe it's a negative aspect from this portion of my life, because I don't feel normal in comparison to my peers. I feel really stranded, and alone, and different.

Another woman described how being emotionally and verbally abused by her father contributed to low self-worth and vulnerability to being taken advantage of by others:

I guess it's also because of the whole fact that my dad never really showed affection for me. He always said he hated me, he's like "You are not my daughter." He'd always say that, all of the time, "I hate you, you make me want to kill myself, I wish you'd kill yourself." And because of that, I always want everyone to like me. Because I can't get it from my dad, I get it from everyone else. And I'm always starved for attention and
affection. And so even people who take advantage or me, people who would rape me, I would still want their affection because, you know, "Love me, I'm here to please you."

Additionally, many of the women described having emotionally distant relationships with their parents, which contributed to their difficulty telling their parents about experiences of sexual assault. Several other women who did choose to tell parents described the devastation they experienced when their primary attachment figure responded in a blaming, shaming, or invalidating manner.

Whereas disruptions within primary attachment relationships can make an individual more vulnerable to experiencing maladaptive shame in response to sexual assault, it appears that having a secure attachment with at least one primary caregiver may serve as a protective factor. A couple of the women described having very close, supportive relationships with a parent, which they perceived as an important component of their process of positive adaptation following sexual assault.

**Perfectionism.** When an individual is prone to experiencing maladaptive shame and has low self-worth, they often try to compensate for these painful feelings of inadequacy and defectiveness by setting perfectionistic expectations for themselves and consistently trying to prove to others that they are worthy of acceptance and belonging. Because perfectionism is frequently rooted in chronic shame, it can contribute to an individual’s vulnerability to experiencing maladaptive shame in response to sexual assault.

Many participants described experiencing perfectionism long before having experienced sexual assault. For example, several of the women described their roles within their families as being “the perfect child,” “the strong one,” and “the good kid,” and having high expectations placed on them from both internal and external sources. These perfectionistic expectations
significantly contributed to experiences of maladaptive shame following sexual assault, as many of the participants perceived the assault as tarnishing their images and roles within their families. For example, one participant who was “always the perfect child” stated: “I think being a perfectionist made it really hard to accept the situation [sexual assault] because I couldn't make sense of imperfection.” Another participant, who held perfectionistic expectations for herself and frequently received compliments from others while growing up about being the “good kid,” described how an experience of sexual assault impacted her self-concept and resulted in maladaptive shame:

I felt like it was really embarrassing. Here was this shiny, clean, awesome...title I guess, and you just went and f*cked that up. Now you're another one of the one in four, good for you. That sort of thing. Like, you're standard now. And I guess depending on who you're talking to, subpar. Because you let that happen, or you put yourself in a position where that sort of behavior could have taken place.

A third participant described how perfectionistic expectations and an experience of sexual assault interacted with one another to impact her perception of her identity:

Feeling weak for the first time was really scary because I had spent such a long time feeling like I was the strong one for my family, or the strong one for myself. So when I didn't have that role, that identity, it was scary.

Interaction between Sociocultural, Interpersonal, and Intrapersonal Experiences

Sexual assault does not take place in isolation. Its effect on an individual is influenced by a variety of sociocultural, interpersonal, and intrapersonal experiences which interact with one another to influence an individual’s vulnerability to experiencing maladaptive shame in response to sexual assault. This level of maladaptive shame is influenced by numerous risk and protective
factors that an individual is exposed to both prior to and following sexual assault. For example, individuals who are confronted with chronic oppression and discrimination, experience emotional abuse within their family of origin, or hold negative core beliefs about themselves may be more susceptible to experiencing maladaptive shame in response to sexual assault, as it reinforces previously held views of self as “bad,” damaged, or defective. This may differ from an individual who holds many privileged identities, has strong relationships with friends and family, and has a positive self-concept prior to being sexually assaulted. However, an individual’s interactions with both formal and informal sources of support following sexual assault also have a strong influence on the level of maladaptive shame an individual experiences. Whereas affirming, supportive, and validating responses may work to alleviate maladaptive shame, responses that are invalidating, blaming, and minimizing may exacerbate feelings of shame and self-blame.

**Sexual Assault as a Shattering of the Self**

In the narratives of participants, sexual assault was experienced as an extremely painful shattering of the self. How the women viewed themselves and related to the outside world was significantly changed—in both negative and positive ways (see Table 2 for an overview). Although participants described the devastation associated with having their entire existence shattered, they also described how this process catalyzed the rebuilding of the self, which often resulted in growth and positive transformation. Participants described the shattering of the self in a variety of different ways. One participant likened the process to a “game of jacks,” where all of the pieces were thrown in the air and she had to “reevaluate where everything fell.” She described both the pain and empowerment associated with this process, as it was her “choice on how to put it back together.” Another participant compared the process to “taking a hot glass
<table>
<thead>
<tr>
<th>Domain</th>
<th>Negative</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Concept</strong></td>
<td>Negative beliefs about self (e.g., flawed, unlovable, broken, weak, damaged) Decreased self-esteem and self-worth Feeling different from others and like an outcast from society</td>
<td>Development of more positive views of self (e.g., strong, wise, valuable, worthy) Increased self-acceptance, self-compassion, and self-worth Enhanced understanding of identity Decreased perfectionism Decreased concern about the judgments of others Enhanced prioritization of self-care</td>
</tr>
<tr>
<td><strong>Interpersonal Relationships</strong></td>
<td>Difficulty trusting others Interpersonal disconnection Difficulty forming meaningful relationships Difficulties with physical intimacy</td>
<td>Increased willingness to reach out to others for help Improved ability to express emotions to others Development of a stronger social support network Increased empathy and compassion for others Increased assertiveness and ability to set healthy boundaries</td>
</tr>
<tr>
<td><strong>Perceptions of Safety, Power, and Control</strong></td>
<td>Feelings of helplessness, vulnerability, humiliation, shame, and weakness Decreased sense of safety in environment and relationships Powerlessness and difficulty exerting control and making decisions Decreased sense of control over physiological responses and emotions Emergence of self-destructive coping behaviors</td>
<td>Enhanced confidence in ability to keep self and others safe Increased recognition of personal power, control, and strength Increased belief in ability to overcome adversity Enhanced awareness and acceptance of emotions Development of more adaptive coping strategies</td>
</tr>
<tr>
<td><strong>Meaning and Spirituality</strong></td>
<td>Struggling with the question &quot;why me?&quot; Negative views about the world and future Disconnection from spiritual or religious beliefs</td>
<td>Newfound understanding of one's purpose and meaning in life Reevaluation of priorities Appreciation for life Increased passion to make a difference and help others Involvement in social justice causes</td>
</tr>
</tbody>
</table>
and putting it under cold water; it shatters immediately.” She went on to more fully describe the impact of sexual assault on her life:

That situation broke me down in a thousand different ways I wasn't prepared to be broken down. And when you have all of those things that are broken, or you feel like they're broken into a thousand little pieces, you can't even begin to put that many pieces back together. You don't have the glue or the tape, or you probably can't even find most of the pieces. I definitely couldn't find most of the pieces. Within 24 hours, I didn't know who I was. I didn't know how to put that stuff back together and I couldn't find the pieces to even try. And so that was a lesson in so many different directions. I had to learn how to be nice again, and I had to learn how to trust again. But I also had to learn who I was beforehand in order to not recreate that. And it gave me the opportunity to start with all raw materials, and that, in itself, is an opportunity even though I hated the way it came about.

Specifically, the shattering of the self was experienced across the following domains: (a) self-concept (b) interpersonal relationships, (c) perceptions of safety, power, and control, and (d) meaning and spirituality. Although most participants described change across all domains, each narrative was unique and the ways in which the participants experienced the shattering of the self was highly individualized. Additionally, whereas some participants experienced the shattering of the self for extensive amounts of time, others moved relatively quickly through this process to the rebuilding of the self.

**Self-Concept**

Participants described how sexual assault significantly impacted their self-concept and their beliefs about their worthiness, lovability, attractiveness, strength, and purity. This
shattering of the participants’ self-concepts frequently resulted in deeply painful feelings of shame, as they came to view themselves as fundamentally flawed and unworthy of acceptance from others. Following sexual assault, participants described feeling “constantly dirty,” “like damaged goods,” “unworthy,” “tarnished,” “broken,” “weak,” and “like an recluse.” For example, one participant described how experiencing sexual assault made her feel like her life was completely over:

I felt like right then and there, it was like—pff, that's it! Before I had all of these plans; I'm going to go to college and eventually I'm going to get married. As soon as that happened, I was like nobody is going to want me! There's no way I can be in the health profession like I wanted to if I'm so weak.

Another participant described how experiencing sexual abuse from her step-father during adolescence caused her to feel isolated and painfully “different” from her peers: “I just don't feel like there are a lot of people who have a similar situation to me. And when you feel so outcast, it's really hard to kind of feel like you belong somewhere.” Others described how experiences of sexual assault caused them to lose their sense of identity, believe that their lives had no value, and form negative views of their body.

**Interpersonal Relationships**

Sexual assault not only has the potential to shatter an individual’s self-concept, but also alter their connection with others. Due to the interpersonal nature of the trauma, sexual assault can shatter previously held beliefs that others are trustworthy. The majority of participants described having an extremely difficult time trusting others following sexual assault.

Participants described themselves as becoming more “suspicious,” “distrustful,” “wary,” and “cautious” of both men and women, as well as acquaintances and strangers. For some women,
this difficulty trusting others significantly impacted their ability to open up and form meaningful connections. For example, one participant described how sexual assault impacted her relationships with others: “Even if someone is very, very close to me, or considers themselves to be very close to me, I still don’t trust them. There's still things I will not share with them. They may not know about it, but I keep it to myself.” Other women described how receiving unhelpful responses to their disclosures about sexual assault resulted in the “damage” of important relationships with friends, family, and romantic partners.

For many of the participants, sexual assault also shattered their ability to be intimate with romantic partners. For some women, difficulties with intimacy stemmed from no longer feeling safe around men, being more “suspicious about guys,” or “assuming the worst” about men’s “ulterior motives” until they prove differently. For other women, discomfort and shame associated with sexuality contributed to difficulties being intimate with others. For example, one woman recounted how sexual assault contributed to her shame in response to sexuality, which later changed throughout her process of positive adaptation:

For a long time I just tried to avoid all sexuality, whether just within myself or with anybody else. Anybody talking about anything vaguely sexual or making jokes that were sexual made me really uncomfortable. Which now I feel very strongly that…I don’t feel sex is something that you should be ashamed of, especially when you’re being healthy, respectful, and honest with your partners.

Other women described how their difficulties with intimacy following sexual assault stemmed from automatic, physiological responses of fear and anger that were triggered by sexual activity that reminded them of the assault. For example, one participant described how she struggled to
engage in sexual activity with her partner for an extended period of time following sexual assault:

But, my brain shuts down. The only thing that I see, you're there and then you're not. I can be physically intimate with you and one second you are there, and the next minute my eyes could be wide open and I don't see you—at all.

**Perceptions of Safety, Power, and Control**

Sexual assault robs an individual of power and control over their body, shattering prior beliefs about their safety, capacity to choose for themselves, and ability to exert control over their life. The shattering of perceptions of safety, power, and control frequently resulted in painful feelings of helplessness, vulnerability, humiliation, shame, and weakness. For example, one participant described the powerlessness she felt following sexual assault:

There are some things that are just hard to really comprehend unless you've been through them. And the power loss...if you've experienced that kind of loss of your power, it changes you...And it's very hard for people who have never been through anything like that to really comprehend what it's like to be so powerless. They are the people who go, "Well why didn't you fight back harder? Why didn't you...Why didn't you?" They don't know the fear, you know?

Many of the participants described no longer feeling safe in their surroundings following sexual assault, being more concerned about the safety of others, avoiding any situation that could potentially be dangerous, constantly scanning the environment for any possible threats, and carrying weapons in order to prevent future attacks. On a more subtle level, the shattering of perceptions of power also resulted in several participants feeling helpless in their lives and unable to exert control and make decisions.
Participants described not only a shattering of their sense of control over their lives, but also a loss of control over internal physiological responses and emotions. Following a sexual assault, many of the participants struggled with symptoms of depression, generalized anxiety, panic attacks, posttraumatic stress disorder, and suicidal ideation and gestures, which significantly influenced their interpersonal, academic, and occupational functioning. Participants described their internal worlds as extensively painful, chaotic, and out of control. For example, one participant described the depression she experienced as a result of sexual assault:

That year was more of the depressed stage. So I had been running so hard for the past couple of years, because it's a lot of energy to walk around being that kind of mad all the time. And I just kind of hit a wall…and that year was full of a lot of I can't get out of bed, I can't go to class, I can't do anything. There's just too much going on and that's more of that underwater feeling that depression comes with.

Another participant described feeling overwhelmed with many emotions following sexual assault: “I was very embarrassed. I was ashamed of myself, disappointed. I was angry. But I was scared, I was shocked. There were so many emotions going on at the time.”

For some participants, the distress caused by sexual assault overwhelmed their ability to cope and they engaged in self-destructive behaviors to help regulate painful emotions. For example, several participants turned to alcohol, drugs, self-harming behaviors, sex, food, excessive work, and obsessive exercise to help avoid and numb distressing emotions associated with the assault. Others engaged in self-destructive behaviors as a way to regain control over their lives. For example, one participant described how she began cutting herself because she “didn’t have any control over anything.” Another participant described how she developed an
exercise addiction following sexual assault as a way to avoid thinking about the assault and reclaim control in her life:

It just gets me out of my head. It shuts all this up. And it was something that I could...I could put the hurt somewhere. I could make my legs hurt, I could make my arms hurt, I could make my core hurt. I could sweat to the point where I'm like, "I'm going to pass out, but I’m doing this to myself."

She went on to describe how she “just wanted desperately to be in control of this thing that was just going nuts” inside of her. Self-destructive behaviors were also used as a way to punish the self for experiencing sexual assault: “I was punishing myself in the sense that I knew, in my mind, that it was my body that got me in trouble in the first place. He picked me out of a crowd of a bunch of other women and a bunch of other teammates because he liked my body.” Finally, one participant described engaging in self-harming and suicidal behaviors due to an extreme loss of belief in the value of her life following sexual assault.

Meaning and Spirituality

Sexual assault has the capacity to not only shatter an individual’s understanding of themselves and others, but also the world as a whole, their purpose in life, and their hopes for the future. For many, sexual assault shattered their belief that the world is a just, orderly, and predictable place where good things happen to good people, and when something bad happens it is because the individual deserved one's misfortune. This belief system contributed to the painful question of “why me?” and also promoted self-blame in response to sexual assault. For example, one participant described her difficulty “making sense” of the sexual assault: “So I sat there and wondered, why was it me that you picked out of the group? Because you didn’t know me at all…Why was it me? That replayed in my head over and over and over again.” Another
participant described becoming “bitter” and beginning to believe that “the world is terrible” following sexual assault. In her search to make sense of the sexual abuse she experienced, a third participant recounted: “I went into a huge depression over it. And I thought that’s just how the world works—everyone hurts you and then you die.” She described how this contributed to low self-worth, a loss of a sense of meaning and purpose in her life, and shattered her hopes for the future, prompting her to attempt suicide on multiple occasions.

Several participants also described how their experiences of sexual assault contributed to a sense of disconnection from their spiritual or religious beliefs. Going through such a tragic experience can result in a sense of being abandoned or punished by a higher power. Others described how the shaming responses they received from their religious communities following sexual assault resulted in them disengaging from organized religion. For example, one participant, who was sexually assaulted within an intimate partnership, described receiving victim-blaming messages from her religious community because she got what she deserved for engaging in sexual activity before marriage. She described how it became increasingly difficult to “be accepting of organized religions that had those same tendencies or feelings,” which encouraged her decision to leave the church. Another woman, who became pregnant as a result of sexual assault and chose to terminate the pregnancy, described how she became “very turned off” about religion because of the messages she had received about being “condemned to hell” for her actions.

**Positive Adaptation as a Rebuilding of the Self**

Although the shattering of the self that results from sexual assault can be an excruciatingly painful experience, it frequently catalyzes a complex, multi-dimensional process of rebuilding the self. Numerous participants described the process of “putting the pieces back
together” as empowering and resulting in positive growth and transformation across multiple
domains of their life. Through this process, many of participants restored and improved their
self-concept, strengthened their relationships with others, increased their sense of power and
control, improved their ability to regulate emotions, and discovered a new-found sense of
meaning and purpose in their lives. For example, one participant described how her process of
being “shattered” resulted in profound growth:

Although the sexual assault was terrible in its own way...I'm not saying sexual assault
was good for me, but the situation, the growth that it has catalyzed, was good for me
because I don't think that I would have shattered the way that I did without it. And that
breaking down also allowed me to realize that I can't put those pieces back together, so I
might as well just build something new. I'm in the process every day of building
something new, and I regularly see where the gaps are and try to find a way that I can
experience something that fills it up, or do something that makes me feel strong.

The rebuilding of the self occurs through four primary processes: accepting, connecting,
reclaiming power, and creating meaning and purpose. These processes not only rebuild what
was shattered, but also promote the healing of maladaptive shame that was internalized as a
result of sexual assault. Feelings of shame and the rebuilding of the self significantly impact one
another, as shame often prevents individuals from engaging in the processes necessary to heal
from sexual assault. Because shame promotes individuals to withdraw, avoid, and conceal their
experiences from both self and others, its presence can significantly impact an individual’s
ability to accept what has happened, connect with others, and reclaim power in their lives.
However, as an individual finds the courage to face their fears, tolerate vulnerability, and
reengage with self and others, it is likely that shame will begin to heal and no longer block the
process of rebuilding the self. This causes a spiraling effect—as the process of building the self promotes the resolution of maladaptive shame, an individual experiences more freedom to engage in processes that promote positive adaptation following sexual assault.

**Accepting**

**Accepting that one has been sexually assaulted.** Accepting involves the process of moving away from avoidance to greater acknowledgment that one has been sexually assaulted. Accepting is not the same as approving of the sexual assault, but rather involves a willingness to recognize that sexual assault has occurred, explore its impact on one’s life, and incorporate the experience into one’s personal narrative. Many participants described difficulty labeling their experiences as sexual assault for a variety of reasons, including shock, avoidance, shame, embarrassment, self-blame, lack of education and awareness, and fear of potential invalidation from others. For example, one participant who struggled to define her experience as sexual assault for several months due to shame and self-blame recounted:

Because…I still felt like I had some fault in it. And I felt like putting the label like that, “Oh he sexually assaulted me, oh he was sexually abusive towards me,”…a phrase like that, it’s just associated with firmly putting the blame on the other party.”

Many participants indicated that recognizing they had been sexually assaulted and learning that they “had the right” to define and label their experience as such was an important first step of the rebuilding process, as it promoted them to become more accepting of their emotional responses and willing to reach out to others for support.

Because maladaptive shame encourages the hiding and concealing of one’s experiences from self and others, the process of fully acknowledging that one has been sexually assaulted is an important aspect of the healing process. For example, one participant recalled:
Actually just admitting...you know how I was saying I was hiding it...I wanted to move on, I didn't want to acknowledge it. But then, just really having the ability to say, "Yes, I was helpless at this time. It was horrible. My body was taken advantage of. I couldn't really do anything." Like, just being able to say that, and being comfortable and okay.

Additionally, an important aspect of acceptance for many of the participants was accepting that sexual assault was part of their history, while also not defining themselves by the experience. For example, one participant stated: “It's a part of who I am. For that to go away, so would I. It's not something that I'm proud of…but that is still part of who I am.” This process of acceptance took place very quickly for some individuals, while others fluctuated back and forth between avoidance and acceptance for some time.

**Accepting and expressing emotions.** Another important aspect of acceptance is learning to recognize, validate, experience, and express one’s emotions in response to the sexual assault. Many of the participants described wanting to push away, numb, avoid, and distract themselves from painful emotions associated with the assault, which frequently led to engaging in self-destructive behaviors. Although this avoidance likely functions as a protective mechanism, it also prevents individuals from working through the emotions and integrating the experience into their personal narratives. Many of the participants described how the process of embracing their emotions, recognizing that their feelings and experiences are valid, and sharing their emotions with others significantly promoted their process of positive adaptation following sexual assault. For example, in giving advice to other women who have experienced sexual assault, one participant described the importance of accepting and expressing one’s emotions:

If you felt scared, if you felt that it was absolutely traumatic and horrifying, then that’s valid. Your feelings are valid. Your emotions are…it is what you think it is. Because
you can’t try to minimize it because you think it’s not a big deal…Cry about it, be angry about it, talk to someone about it, vent to someone!

Another participant described how “being confident in my own feelings, and the rightness of my ability to feel what I feel” was an essential aspect of her process of positive adaptation following sexual assault. Participants utilized a variety of strategies to recognize and express their emotions, such as sharing them with others, writing, creating art or poetry, and seeking therapy.

**Accepting and forgiving the self.** An important component of healing maladaptive shame and the process of rebuilding the self following sexual assault is becoming more compassionate and accepting towards oneself. Participants described the process of becoming kinder to themselves, learning the importance of prioritizing self-care, forgiving themselves for any self-blame they continued to carry, and acknowledging their strengths and personal growth. For example, one participant shared:

> I think another thing that I've learned is to be nice to yourself. I think that is a very hard thing to learn, but to give yourself grace is a very important lesson that I learned. I don't think that we are any harder on other people that we are on ourselves, and I put so much pressure on myself to be strong, or smart, or accomplished...and I didn't give myself grace to be human. And so I think that was a good thing that I learned as well.

For several participants, who struggled with perfectionism and maladaptive shame prior to sexual assault, having their identities as “the strong one” or “the perfect child” shattered prompted them to develop a more flexible, compassionate view of the self. For example, one participant described how it was “a good thing” that she “wrecked this goofy, shiny, ‘oh my gosh I have to keep everything perfect’ mindset” that she had since childhood, which allowed her to break out of her perfectionist standards and learn to accept herself, imperfections and all. In her
quest to “learn more about imperfection” following sexual assault, another participant described the freedom she experienced by participating in many new, challenging activities that she had not considered before due to her fear of performing poorly.

Other participants described how they became less concerned with how others perceived them following sexual assault as they learned to fully accept and embrace themselves. For example, one participant stated: “What other people see, whether it be dirty, or broken, or crazy, or mean, or happy, or bubbly, or exciting, or smart...those things are irrelevant because who you are is how you see yourself.” Another participant recounted: “I used to feel really bogged down by it, and just like, ‘I don't fit the standard.’ Now I'm like, ‘Fuck the standard!” Ya'll are wasting your time if you think that's what life's all about!” Because the core of maladaptive shame is viewing the self as intrinsically flawed and unworthy of acceptance from others, learning to unconditionally accept and appreciate the self is an essential component of rebuilding a more positive self-concept and resolving maladaptive shame following sexual assault.

**Accepting and forgiving others.** Another important aspect of acceptance that arose for several of the participants was learning to accept and forgive others for the hurt they had caused. The process of “letting go” of anger and resentment was not the same as condoning the assault, but was done in the service of being able to dispel negative energy and focus on moving forward. For example, one participant stated: “I really don't see the sense in being mad about it anymore because…well, that's already happened. I'm moving on.” Several participants explained that developing empathy and understanding for the individual who assaulted them was also an important aspect of accepting the assault, forgiving, and moving forward. For example, one participant described her process of forgiveness:
The reason I think I could is because I know deep down that you don't do that without being damaged yourself, which doesn't make it excusable, but...I know that in order to create damage, especially to that caliber, you too have to be damaged. And so, I forgave him very quickly because I knew that whatever hurt he had caused me, he had probably been feeling it for a very long time. Even though I hated him for what he did.

Another participant also described the importance of acceptance and not placing blame on anyone for the assault:

I never placed blame on a single person. People place blame in situations and try to convince you it was that person's fault, like it was the rapist's fault. You know, probably at some point in his life he went through a similar experience and he just passed it on. So, if you're looking at it that way, you can blame his parents for not taking better care of him, or you can blame the person who did that. When you try to blame someone, you can't, it goes back too far...I could blame my step-dad for the experience, I could blame my mom for not teaching me to respect myself as a woman. So, placing blame on yourself or other people just doesn't do anything. You've got to accept that it was a bad situation and a bad time, and nobody's 100% wrong and nobody's 100% right.

Additionally, other participants described the importance of also forgiving and repairing relationships with friends and family who reacted negatively to their disclosures of sexual assault.

**Connecting**

*Embracing vulnerability.* The extreme power loss associated with sexual assault results in many individuals becoming more guarded and defended in their relationships with others. The intense shame that is often felt further prevents individuals from opening up, due to fears
about being blamed, shamed, rejected, or judged. Although these defensive mechanisms potentially protect individuals from experiencing further pain in their interpersonal relationships, they also exacerbate their sense of disconnection, isolation, and shame. Because shame arises due to a fear of being unworthy of connection and love from others, it is no surprise that shame is healed through connection and acceptance within the context of interpersonal relationships.

Connecting with others was a fundamental component of rebuilding the self in the narrative of each participant. Many of the participants described how finding the courage to be vulnerable was a fundamental component of their healing process, as it fostered deeper connections with others and provided an opportunity to experience belonging, acceptance, and validation. For example, one participant described the vulnerability she experienced when learning to open up to others again following sexual assault:

I had no idea that she had experienced anything like that. It was really...vulnerable. It made me feel really, really, really vulnerable. Like, "Oh they know this, they could think...I can't control what they think. They're going to make their own opinion." And to have them not make any judgments on me at all, to have her open up to me, it was really great. It made me feel more normal than I had before.

For some participants, this vulnerability involved learning to trust again, learning to express their emotions with others, or realizing that it’s okay to ask for help and support. For others, embracing vulnerability involved sharing their experience of sexual assault with others.

**Sharing experience of sexual assault with others.** The vast majority of participants described the intense fear associated with telling others about their experiences of sexual assault. Shame thrives in secrecy. Without any feedback from the outside, an individual may continue to view the sexual assault as shameful and assume that they would be rejected if they were to share
their experiences with others. However, embracing vulnerability and sharing one’s experience of sexual assault with others emerged as one of the most vital components of rebuilding the self and healing maladaptive shame. For example, one participant shared: “Every time I talk about it, it’s a reaffirmation that I didn’t take the dirt. I’ve got nothing to be ashamed of.” Another participant indicated: “I learned that it wasn't shameful. It was actually more shameful to just keep it to yourself. You're basically letting this bad person get away with something horrible.” A third participant described how empowering it was for her to break the silence following sexual assault: “Because to stay quiet, I feel like would be to…even though I don’t feel ashamed anymore…would be to let people who think otherwise, that it’s something that shouldn’t be talked about, get their way.”

Many participants described how sharing their story with others and receiving validating, non-blaming, and affirming messages was the most important aspect of the process of positive adaptation following sexual assault. They described the sharing as “reaffirming,” “healing,” “normalizing,” “uplifting,” and “relieving.” For example, one woman described how the empowering process of finding her voice following sexual assault contributed to the development of a more positive self-concept: “Communication and being able to develop that sense of my own voice was really helpful for my process. And knowing that I have a voice, it is important, it is valuable.” Additionally, having the courage to be vulnerable and share one’s painful experience often encourages others to do the same, which helps normalize one’s experience and facilitates the development of more meaningful connections with others. For example, one participant described how healing it was for her to hear that one of her close friends had also experienced sexual assault: “She shared an aspect of her sexual abuse in the past
and I was like, ‘Wow, you are dealing with this too. I...we’re totally normal. We can get past this. This doesn't have to define you.”

For many participants, sharing their story with others helped them feel more powerful and in control of the memories associated with the sexual assault. For example, when describing the healing power of sharing her story, one participant recalled:

It helps me take control over what happened. If I can verbalize it and put it into coherent words, what I went through, it takes away the power that it still has over me, or used to have over me. Because I don't feel like he has any power over me anymore because I've shared, I've gotten the help I needed…To be able to talk about that, I feel more powerful because of it.

Another participant described how relieving the sharing process has been for her because “instead of letting it, the feelings, overcome” her, she is “going in and reaching” for the memories, which leaves her feeling more in control of her internal experience. A third participant indicated that “once you can talk about it, it takes away the power that the event had on you.”

Reclaiming Power

Promoting safety for self and others. As discussed previously, sexual assault strips an individual of their power and shatters prior beliefs about the safety of the world, frequently contributing to anxiety and hypervigilance. An important aspect of rebuilding the self involves reclaiming power across multiple domains, including reestablishing a sense of safety. After experiencing sexual assault, many participants described becoming more cautious, aware of their surroundings, and prepared to protect both themselves and others in the case of a future attack. Participants promoted their sense of safety in a number of ways, including building physical
strength, learning how to defend themselves, avoiding unsafe situations, ending toxic relationships, and learning to pay more attention to their intuition about people and situations.

For example, one participant described how preventing an attempted sexual assault approximately a year after being raped was an “incredibly positive experience”:

Yeah, but it felt really…like it gave me back this confidence that I could respond. If something like that happened, I could get myself out of it sometimes. So it kind of gave me that, you know, it kind of recovered me from that powerless feeling of just putting up with it the other time. And it was a very, very powerful event in my life.

Additionally, many participants described how their experiences of sexual assault instilled in them a passion to protect others, which further contributed to their process of reclaiming power. For example, one participant explained:

It's been a catalyst for me to...instead of passively watch someone that is a potential victim just get stuck in a situation like that…instead of being a passive viewer, I'm likely to involve myself directly in standing up for someone else that may, for example, be too intoxicated to say no.

**Reclaiming control over one’s life.** Sexual assault attacks an individual at their very core, frequently shattering a survivor’s understanding of self, others, and the world. This shattering can be experienced as all-consuming, leaving individuals feeling overwhelmed and helpless. Thus, an essential aspect of rebuilding the self involves reclaiming the power that was lost and regaining control over one’s life. One participant recounted how empowering this process was for her:

I learned a lot about personal power with that situation, the loss of it and the regaining of it. I mean, I'm still in the process of regaining that power. And I probably will be until
the day that I die, but I learned a lot about how much power you do have and how much power you don't. That was a positive thing.

She explained that the process of losing her power helped her recognize aspects of her life that she does have control over, which promoted her ability to make positive changes. Participants described the process of regaining control over their lives in a variety of ways, including enhancing their sense of control over their internal experiences and symptoms, reclaiming their identity, no longer defining themselves by their experience of sexual assault, reestablishing hope for the future, leaving abusive relationships, confronting fears regarding sexuality, prioritizing self-care, and working towards important personal goals. For example, one participant described feeling intensely powerless after being sexually assaulted for the first time; however, when assaulted again, she described how she was able to increase her sense of control by reporting the assault to the police and utilizing resources:

I didn't let the other person control me and I didn't let the event control me for any amount of time. Maybe a few hours I felt very panicked and scared, but...it's that I took control of the situation in my own hands, and with the help of these resources that I now knew to enlist, and with the help of my friends, I was able to ensure that they wouldn't be able to bother me again.

Another participant described the importance of having “little victories” every time she exerted her power and made a decision for herself, such as staying in school, getting a tattoo, dying her hair, and engaging in other “rebellious” activities.

Creating Meaning and Purpose

Creating meaning from the sexual assault. Following sexual assault, many individuals are left wondering “why me?” in their attempts to make sense of such a tragic experience. This
question can be excruciatingly painful; however, it also has the potential to initiate a quest to create meaning in the trauma and reestablish a sense of purpose in one’s life. Although the experience of sexual assault does not inherently have meaning, participants described the process of creating meaning in their suffering. As participants moved through the process of positive adaptation, many women began to have a different perspective of the impact of sexual assault on their lives. Instead of viewing themselves as forever “damaged” and “broken,” many participants described developing increased recognition of their strength, courage, resilience, and worth. Instead of viewing the sexual assault as an omnipotent negative force in their lives, many participants began to view it as a “learning experience” and a “catalyst” for positive change in their life, reminding themselves that “everything happens for a reason.” For example, one participant explained:

I think every experience in our lives can be positive. So the fact that I gained another experience, I can kind of add it to my own life experience. I can look back on it and be like, “Wow, I’ve experienced so much.” And even though it was painful, it was something I got to experience.

She went on to explain how her process of healing from sexual assault helped her “see who I am as a person” and “evaluate what I want in life.” Another participant described how she created meaning from her experience of sexual assault by focusing on the ways it has promoted personal growth:

It definitely changes you. You probably see the world in a different way, but it always depends on how you think of this event…Some people just figure out the reasons why my life is so bad or miserable, but I was trying to find a reason why my life is better.
Another participant shared that although sexual assault was very painful, the process of rebuilding herself allowed her to become more compassionate and accepting towards herself:

“It's part of what has broken me down, and it's part of what has allowed me to appreciate myself. So, I don't want it to go away. I didn't want it in the first place, but I also don't want it to go away.”

**Connecting to a higher power.** As discussed previously, sexual assault has the potential to shatter an individual’s understanding of their spiritual and religious beliefs. However, the search for meaning that is often catalyzed following sexual assault can promote an individual to reexamine the purpose of their life, evaluate previously held beliefs, and develop a better understanding of the self as a spiritual being. For example, one participant who became very “turned off” from religion following sexual assault described her process of reconnecting with this aspect of her identity:

I visited a bunch of different ones [churches] and I’m getting a better sense of wholeness. I just feel like I don't necessarily have to do this alone, whether if that person...whether if there is a God or not. It's nice to be able to talk to somebody who is...something outside myself. So, I'm not sure if I'm completely convinced right away, but I definitely feel like I'm getting more in touch with who God is, and how it could fit in my life, and how I can be nice to others. So, that's definitely a huge change for me!

Other participants described the importance of “having faith,” “seeking God,” and utilizing prayer and meditation to help promote their process of rebuilding the self following sexual assault.

**Making a difference and helping others.** Although participants created meaning from sexual assault in a variety of different ways, one component that was present throughout the
majority of narratives was how rebuilding the self following sexual assaulted promoted increased passion about “making a difference” and going beyond the self in order to help others.

Additionally, many of the participants described experiencing increased compassion, empathy, and ability to connect with others. Participants worked to make a difference in the world in a variety of ways, such as reaching out to others who are suffering, doing acts of kindness for others, working to keep others safe, volunteering, and working in a helping field. Several other participants described how helpful it was for them to become a resource to other individuals who had experienced interpersonal violence or oppression, describing the “connection between survivors.” For example, one participant shared that her ability to reach out to another woman experiencing sexual abuse was an important aspect of her healing process: “Being able to communicate with another person, identify with another person who has gone through a very similar situation...to be the one helping someone else go through that was also really important in the healing process.” Another participant, when describing what being a survivor of sexual assault means to her, stated: “It means I am part of a special and fragile sisterhood and brotherhood of people who know what it's like to have that kind of power loss, however temporary.”

**Advocating for change.** For many of the participants, the process of rebuilding the self following sexual assault resulted in either a newfound passion for advocating for oppressed groups, or reaffirmed preexisting beliefs about the importance of promoting social justice causes. For many, this change became an important aspect of their meaning-making process following sexual assault. Several participants, especially those who had less prior awareness about sexual assault, described how “eye-opening” it was to learn about the larger sociocultural context of sexual assault and the systemic oppression of women and other marginalized groups. For
example, one participant who decided to take several classes about violence against women and human sexuality following sexual assault stated: “Information, and knowing, and understanding. So, that's where I took a lot of power again, in those classes that I took. And just understanding the larger mechanisms, you know. We fear what we don't understand.” She went on to explain how the individualistic culture she was raised in contributed to a lot of shame following sexual assault, which was largely healed through “understanding the larger forces at work in that situation.”

For many of the participants, increased understanding about the sociocultural context of sexual assault contributed to a desire to advocate for change in their communities through education and social activism. Participants described how powerful it was for them to become involved with organizations working to end violence against women and empower survivors, such as V-Day, Green Dot, Pink Gloves Boxing, Take Back the Night, The Clothesline Project, GiRL FeST, Youth Speaks, a service providing free and safe transportation for women, and a domestic violence shelter. Participants described their involvement with such organizations as “extremely rewarding” and “empowering.” For example, one participant shared how meaningful it was for her to educate others about bystander intervention as a way to prevent sexual violence. She explained that her “experience became less baggage and more…it became more of a movement” because her experience of sexual assault “became something to someone other than me.” Additionally, many of the participants described their decision to participate in this study as part of their desire to advocate for systemic change and help other survivors by sharing their experiences. For example, one participant described her excitement about partaking in this study: “That's just kind of stoking the fire of teaching people about it, so that hopefully the

155
judgment, and the shaming, and the stuff like that that tends to go with it will eventually start to dissipate, because those things will be bunked by research like this.”

**Experiencing Personal Growth and Transformation**

Because sexual assault often shatters an individual’s self-concept, interpersonal relationships, perceptions of power and safety, and meaning and spirituality, the rebuilding of the self has the potential to promote personal growth and transformation across the same domains.

**Self-Concept**

As participants rebuilt their sense of self and healed from maladaptive shame, they frequently came to view themselves in a much more positive manner than they had prior to experiencing sexual assault. Participants described learning to view themselves as more “strong,” “wise,” “confident,” “valuable,” “worthy,” “beautiful,” and “intelligent.” For example, one participant described how her experience of healing from sexual abuse increased her ability to recognize her personal strength:

Being able to say that I'm a survivor of something so awful...when I do eventually tell people about what I've gone through...they're like, "Wow, you've dealt with all of that."

It makes me feel stronger the more...the fact that I'm still here, people kind of recognize, "Yeah, what you went through was wrong and you shouldn't have had to, but you did and you're a stronger person because of it." It's kind of validation for what I've gone through. Another participant stated: “I see myself as a much stronger person. A better realization of who I am, what I want, and what I can do, and what I can handle.” A third participant shared about her renewed hope, increased self-worth, and belief in her ability to overcome challenging situations:

This isn't the end of the road. I feel like for me...you never realize how strong you really are until you've been tested. And so...maybe that being a big test. Maybe it's something
that you can...strengthen yourself and realize...it sounds so corny, but you have beauty within you, and you have the potential now to help others.

For several other participants, the process of rebuilding the self following sexual assault increased their understanding of their identity, priorities, values, and goals. Others described becoming more self-compassionate, accepting of self and others, flexible, and confident in their ability to give themselves a “voice”.

**Interpersonal relationships**

Although sexual assault has the potential to shatter an individual’s ability to trust and connect with others, the process of rebuilding the self has the potential to result in enhanced compassion and empathy for others, increased ability to reach out and open up, and the development of more meaningful relationships with others. For example, prior to experiencing sexual assault, one participant was very distant in her relationships and fearful about asking for help or relying on others. However, as she rebuilt herself and healed from maladaptive shame, she became “more comfortable with reaching out to others for help instead of internalizing things,” which significantly facilitated her healing process and helped her develop a stronger support network.

The process of rebuilding the self following sexual assault can also highlight the importance of advocating for one’s needs, reevaluating relationships, and enhancing one’s support network. For example, one participant described how her experience of healing from sexual assaulted helped her become more assertive in her relationships and comfortable with setting healthy boundaries:

Definitely, I would say there’s…I felt that there is a lot of positive outcomes from it. I really don’t let myself in any sort of situation get walked over like that ever again,
whether it’s a relationship or something else. I...very rarely let somebody just have their way instead of actually considering if I have a right to be upset or to be angry.

She went on to explain how her increased ability to recognize, validate, and express her emotions has promoted the development of much healthier relationships: “I feel like I’m more open than I would have been otherwise in my relationships on a whole about the way I’m feeling about certain things, and I think a lot of my partners have appreciated that.”

**Perceptions of Safety, Power, and Control**

Although sexual assault has the potential to deprive an individual of their ability to keep themselves safe and alter their beliefs about the safety of the world, the process of rebuilding the self and reclaiming power can significantly increase an individual’s confidence in their ability to keep themselves safe and exert control over their life. For example, one participant developed increased passion for preventing sexual assault and increased confidence in her ability to do so: “On the positive side...I feel I'm a little more cautious. I feel more aware if my friends are in a bad situation, I feel like I can help them out...So I just feel a little bit stronger in a sense.”

Another participant described her increased confidence in her ability to survive any potential future assaults:

I know what I have survived. I also know I can fight back when that's appropriate, and I know...I would hate to be raped again and I would try to avoid being raped again, but if I was raped again...well, you know what? I'd be raped and when it was over, I would be alive and life would find a way to go on. So, you know...if I can't avoid it, I know I can get through it if I have to.

Additionally, many participants described increased confidence of their ability to exert control internally, manage painful emotions, and cope more successfully with challenging
situations. For one woman, healing from sexual assault “gives me a lot of confidence in my ability to survive hard stuff.” Another participant shared how her experience of sexual assault helped her put other challenging situations in perspective: “If I can go through all of that, then there's really nothing else that stresses me out…it’s too small.” For another participant, her experience of healing from sexual assault reduced her anxiety about confronting the challenges of life and increased her confidence in her ability to cope:

If something really tragic happens to me or to my family, I'm like, “It's okay.” I know I can handle them. I know I've been there before and I think this couldn't be worse than all those things added together. So I feel confident whenever...for example if something really terrible is going to happen to me, I think I have the ability to deal with that. It’s just...it could be worse. What else? You know, I'm not afraid of anything like that.

Other participants described how their ability to rebuild the self following sexual assault resulted in an increased recognition of their personal power. For example, one participant who left a sexually abusive relationship explained:

I took myself out of a situation where I was a victim, changed my life, and grew from it….I feel stronger, the more self-embodiment of power. That I have the ability to take myself out of the situation, I did it all on my own. And also that sense of independence, I did that on my own, I'm doing things on my own now. Because I'm a survivor, it adds to my self-esteem.

Another participant described how healing from sexual assault, learning more about herself, and developing more adaptive coping strategies helped her overcome future challenging situations:

It helps with other situations. Maybe I'm in this trouble now, but then if you look in my past, how did I get over that situation? Okay, well, utilize your resources, be open, don't
be afraid to tell somebody because there is help. It's like that whole process thing, it's really helpful.

Meaning and Spirituality

The rebuilding of the self following sexual assault can result in a newfound understanding of one’s purpose, the meaning of life, and one’s connection with a higher power. Participants described how they became more spiritual, appreciative of their life, able to reevaluate priorities, and hopeful about their futures. For example, one participant described how her experience of healing from maladaptive shame stemming partially from sexual assault resulted in a greater sense of optimism and confidence in her ability to build a meaningful life:

I feel more hopeful...I just feel like there is so much I can do. I'm still so young. I'm not dirty. I'm capable of loving people...I guess basically when it comes down to it, I feel like now I have infinite possibilities of what to do with my life.

In reference to what it means for her to be a survivor, another participant shared that “it means I have a special opportunity for understanding.” She explained how she created meaning from sexual assault by using her experiences in the service of helping others and promoting societal change. For example, she described a particularly profound experience of helping children who had been sexually abused: “When those kids found out I had been raped, they would talk to me. They were open to me. They knew I had some idea what it was like, you know, to go through.”

Through the process of rebuilding the self following sexual assault, many individuals build lives full of purpose, meaning, and connection.
CHAPTER FIVE
DISCUSSION

The vast majority of current research on sexual assault is grounded within the medical model and illness ideology, which focus solely on the presence of distress, disorder, illness, and symptomatology to the exclusion of health, well-being, positive adaptation, and growth. The purpose of the current study was to provide a more holistic and integrated understanding of the experiences of women following sexual assault and the process of positive adaptation. Using grounded theory methodology, 12 women survivors of adult sexual assault were interviewed to determine how women understand the impact of sexual assault on their lives and the process of positive adaptation, as well as to identify various sociocultural influences that impact survivors' experiences following sexual assault. The purpose of this chapter is to summarize and discuss the results in the context of the current literature, highlight the strengths and limitations of the study, identify directions for future research, and discuss the clinical and societal implications of the study.

Summary and Discussion of Major Findings

The first research question sought to describe women's understandings of the sociocultural, interpersonal, and intrapersonal influences that impacted their experiences following sexual assault. Although the initial research question focused more broadly on the impact of these influences on general distress and adaptation following sexual assault, the narratives of participants highlighted the powerful presence of maladaptive shame in response to sexual assault. Shame becomes maladaptive and destructive when it becomes fused with an individual’s core sense of self and results in a global view of self as unlovable, bad, or unworthy of acceptance and belonging. Maladaptive shame contributed to avoidance, withdrawal, and
social isolation, which hindered the process of positive adaptation following sexual assault. These results are consistent with a small but growing body of literature that has found a relationship between the presence of shame and posttraumatic distress (Leskela, Dieperink, & Thuras, 2002; Platt & Freyd, 2012; Vidal & Petrak, 2007; Weiss, 2010).

Participants described a multitude of experiences that either made them more vulnerable or protected them from internalizing maladaptive shame in response to sexual assault, and these risk and protective factors emerged at each level of the social ecological framework. The findings of this study are consistent with social ecological models of recovery from sexual assault (Campbell et al., 2009; Havery, 1996; Neville & Heppner, 1999) that emphasize the importance of recognizing the various microsystem, mesosystem, and macrosystem variables that interact with one another to impact an individual's post-assault response and recovery. Campbell et al. (2009) expanded the culturally inclusive ecological model of sexual assault recovery (CIEMSAR) to include self-blame as a "marco-level phenomenon" because it transcends any individual level and results from interactions across all levels. Although the results of the current study support this finding, they also broaden this conceptualization to include self-blame as just one component of an individual's experience of maladaptive shame following sexual assault. Because the root of characterological self-blame (e.g., believing that one is a bad person and deserving of sexual assault) is maladaptive shame (e.g., believing that one is bad, defective, and unworthy of acceptance from others), the results of this study are consistent with prior research that has found an association between self-blame and poorer post-assault adjustment (e.g., Frazier, 1990; Frazier & Schauben, 1994; Koss & Figueredo, 2004; Meyer & Taylor, 1986). Contrary to the findings of Campbell et al. (2009), the current study did not find that experiences of prior victimization throughout the lifespan (chronosystem)
necessarily contributed to increased distress following sexual assault. Instead, results of the current study indicate that an individual's perception of prior experiences of victimization is key, as some participants described increased resiliency, strength, and ability to successfully cope with subsequent assaults due to prior experiences of victimization.

The second research question addressed how women describe their process of positive adaptation following sexual assault. Results of the current study indicate that sexual assault is often experienced as a shattering of the self, leading to profound changes across four domains: (a) self-concept, (b) interpersonal relationships, (c) perceptions of safety, power, and control, and (d) meaning and spirituality. Although this shattering process is extremely painful, participants described how it catalyzed a process of rebuilding the self, which often resulted in growth and positive transformation across the aforementioned four domains. The results of this study are consistent with prior assertions that traumatic events have a profound impact on an individual's core beliefs about self, others, the external world, and the meaning of life, which can promote the search for meaning and contribute to personal growth following trauma (Briere & Scott, 2006; Janoff-Bullman, 2006; Janoff-Bullman & Frantz, 1997). The results of this study are consistent with theoretical models that describe the process of recovery as taking place in stages. For example, Burgess & Holmstrom (1974) proposed a 2-stage process of recovery involving "disorganization" and "reorganization", which is similar to the current study's conceptualization of sexual assault causing a shattering of the self, which is followed by a process of rebuilding. Additionally, the results of the current study are consistent with Herman’s (1992) comprehensive 3-stage model of recovery from interpersonal trauma, which involves establishing safety and control, processing traumatic memories, and integrating the meaning of the trauma into one's life. The results of this study also support Herman's assertion that recovery from sexual assault
cannot occur in isolation, but most occur in the context of interpersonal relationships. The current study's emphasis on healing maladaptive shame in the context of interpersonal relationships provides an explanatory framework for this assertion.

The third research question sought to identify the processes and strategies that women employ following sexual assault to promote positive adaptation. The results of the study indicate that women engaged in four primary processes: (a) accepting, (b) connecting, (c) reclaiming power, and (d) creating meaning and purpose. These findings are also consistent with other qualitative research that has investigated survivors' understandings of the process of recovery. These qualitative studies have identified themes consistent with the current theory, such as reaching out to others, reframing the assault, redefining or reevaluating the self, making meaning, going beyond themselves, managing memories, and seeking safety (Draucker et al., 2009; Murphy et al., 2009; Smith & Kelly, 2001). The current study offers an unique contribution to the literature by highlighting the primary role of maladaptive shame throughout this process, identifying positive and negative changes that may be experienced in response to sexual assault, and situating the entire process of positive adaptation within a sociocultural context.

Additionally, the results of this study indicate that maladaptive shame results in avoidance and withdrawal behaviors, which significantly interferes with an individual's ability to engage in the four primary processes that contribute to positive adaptation (e.g., accepting, connecting, reclaiming power, and creating meaning and purpose). This is consistent with prior research that has found that avoidance coping strategies (e.g., suppression, minimization, withdrawing from others) are associated with poorer post-assault adjustment (e.g., Cohen &

The final research question sought to describe the changes women experience as a result of coping with sexual assault. The results of the study indicate that women experience both profound distress and personal growth following sexual assault across four primary domains (e.g., self-concept; interpersonal relationships; perceptions of safety, power, and control; and meaning and spirituality). These findings are consistent with much of the research on resilience and posttraumatic growth following sexual assault, which have identified the presence of posttraumatic growth across numerous domains, including self-concept, coping strategies, relationships with others, appreciation for life, self-care, realization of strengths, assertiveness, and spiritual connection (Burt & Katz, 1987; Frazier & Burnett, 1994; Frazier et al., 2001; Frazier et al., 2004; Grubaugh & Resick, 2007; Thompson, 2000; Vernonen & Kilpatrick, 1983).

The current study contributes to this literature by providing a comprehensive framework for understanding the presence of and relationship between posttraumatic growth and posttraumatic symptomatology following sexual assault. The current study's focus on maladaptive shame can also serve as an explanatory framework for understanding why certain factors may contribute to either posttraumatic growth or posttraumatic symptomatology. For example, in Cole and Lynn's (2010) study on the relationship between posttraumatic growth and PTSD, the factors that contributed to poorer psychological adjustment following sexual assault included utilizing avoidance coping strategies, engaging in high levels of self-blame, and not disclosing the assault to others. Each of these factors can be explained by the presence of maladaptive shame, which contributes to avoiding, hiding, and the development of negative views of self. With increased recognition that maladaptive shame contributes to a wide variety
of ineffective coping strategies following sexual assault, intervention efforts can focus on resolving maladaptive shame in order to support survivors' natural processes of positive adaptation.

**Strengths of the Current Study**

This study offers a comprehensive framework for understanding the process of positive adaptation in women who have experienced sexual assault as adults. A significant strength of this study is its focus on the adaptive capabilities of survivors. Because the vast majority of the trauma literature is grounded within the medical model, processes such as resiliency, positive adaptation, and growth have often been overlooked. Additionally, this study provides a holistic and integrated understanding of survivors' experiences following sexual assault. Instead of narrowly focusing on just one aspect of survivors' experiences, this study explains the complex connections between negative and positive outcomes, distress and resiliency, and posttraumatic symptomatology and posttraumatic growth.

Another significant strength of this study is its use of qualitative methodology to explore women's understandings of their experiences following sexual assault. The vast majority of research on sexual assault, from both the medical model and positive psychology traditions, has utilized quantitative methods and measured pathology and growth within predetermined domains. This study's methodology allowed for the emergence of a theory that was directly grounded in the narratives of women who had experienced sexual assault. This collaborative and empowering approach enabled participants to share their personal narratives and perspectives in their own words, giving participants an active voice throughout the research process. Additionally, the rich, detailed, *contextual* narratives of participants made it possible to investigate the complex relationships between sociocultural, intrapersonal, and individual
experiences that would otherwise be difficult to obtain through quantitative methodology alone. Finally, a qualitative approach allowed for the emergence of unanticipated themes, such as the primary role of maladaptive shame throughout women's experiences following sexual assault.

Finally, this study's social ecological framework is a significant strength. The majority of research on sexual assault has focused on individual factors that impact trauma response and recovery, with minimal attention given to the impact of an individual's sociocultural context. Sexual assault does not take place within social and cultural isolation. This study highlights the profound impact of social, cultural, political, and interpersonal factors on experiences of maladaptive shame and the process of positive adaptation following sexual assault. The participants came from a variety of diverse backgrounds, which contributed to a more holistic understanding of how an individual's intersecting identities impact the process of positive adaptation following sexual assault. Additionally, this study's social ecological framework provides implications for multiple levels of intervention, rather than solely focusing on an individual level.

**Limitations of the Current Study and Future Directions**

While the present study offers a significant contribution to the literature, there are also several limitations that should be addressed in future research. A major limitation of this study is the participant's lack of diversity in terms of age and education status. Although the participants represented a wide variety of backgrounds in terms of race, ethnicity, national origin, sexual orientation, and socioeconomic status, all but one participant was in their early 20's. Additionally, because sampling took place within a small, rural college town, most of the participants were full-time students at a 4-year university. Universities often make efforts to provide awareness-raising and educational programming regarding sexual assault; thus, the
participants in this study may have different understandings of sexual assault than women who do not have such opportunities. This potentially limits the generalizability of the study to women at different developmental stages and women who do not have access to sexual assault resources and programming that are available on a university campus. Future studies should focus recruitment efforts to include women at multiple developmental stages across the lifespan. This may also shed light on generational factors that may impact the process of positive adaptation and experience of maladaptive shame following sexual assault. Additionally, this study relied on women's recollections of how their understandings and perceptions of sexual assault changed throughout their lives. Longitudinal case studies that follow individuals' recovery processes over time may contribute to a better understanding of the complex processes underlying positive adaptation.

Additionally, despite the racial and ethnic diversity of participants, most participants from minority backgrounds appeared to have a high level of acculturation to Western society. Because this study highlights the powerful impact of sociocultural norms, values, and beliefs on the experiences of women following sexual assault, future studies should investigate the process of positive adaptation in women who ascribe to non-Western cultural values. Although this study acknowledges the impact of sociocultural and interpersonal experiences, it also conceptualizes the rebuilding process as taking place within the individual. It is possible that the process of positive adaptation is experienced very differently by individuals who are members of collectivistic cultures, which deemphasize the individual and value interdependence and connections within social groups.

Another limitation of this study is its exclusive focus on the experiences of women following sexual assault, which limits its generalizability to the experiences of men. Although
there continues to be silence surrounding women's experiences of sexual violence, this pales in comparison to the silence and stigma associated with the sexual assault of men and boys. Men may be particularly vulnerable to internalizing maladaptive shame in response to sexual assault due to rigid gender roles and expectations about what it means to be "a man" (e.g., focus on competition, physical strength, power, domination, and control of emotions). Future studies should explore the process of positive adaptation and the experiences of maladaptive shame in male survivors of sexual violence.

Another limitation of this study was its exclusion of individuals who had experienced childhood sexual or physical abuse. Because repeated interpersonal trauma during early stages of development may result in complex posttraumatic outcomes and significantly impact the recovery process (e.g., Briere & Scott, 2006; Herman, 1997), this group of women were excluded to maintain the homogeneity of the sample in terms of experienced trauma. However, future research should investigate the process of positive adaptation in women who have experienced abuse as children. The current study conceptualizes the process of positive adaptation as the rebuilding of the self. Therefore, it is not clear how this process may differ for a woman who experienced trauma at a time in which her understanding of self was still being formed.

Finally, there has been a dearth of research looking specifically at experiences of shame in individuals who have experienced trauma. Shame is generally conceptualized as part of a complex emotional sequelae following sexual assault. However, the results of this study highlight the central role of maladaptive shame throughout an individual's process of healing from sexual assault. More quantitative and qualitative studies are needed to identify factors contributing to maladaptive shame and determine the effectiveness of therapeutic interventions.
in resolving maladaptive shame. Additionally, because shame promotes individuals to withdraw and hide their experiences, future research should investigate the relationship between maladaptive shame and help-seeking behaviors following sexual assault.

**Clinical Implications**

The results of this study can be used to inform therapeutic interventions with women who have experienced sexual assault as adults. By promoting the four primary rebuilding processes identified in this study (e.g., accepting, connecting, reclaiming power, and creating meaning and purpose), therapists can facilitate clients' processes of positive adaptation following sexual assault.

First, the results of this study highlight the importance of moving away from avoidance to greater acknowledgement and acceptance that one has been sexually assaulted. By coming to therapy, clients are already expressing some degree of willingness to share their concerns and receive support. It is essential to create a strong working alliance that allows clients to feel comfortable sharing their experiences of sexual assault and its impact on their lives. For clients with minimal awareness of sexual assault, counselors can provide invaluable psychoeducation about the definition of sexual assault and help clients understand and define their experiences. A major task of therapy is helping clients recognize, experience, and express their emotions. By providing consistent acceptance and validation, counselors communicate to clients that their experiences and emotions are valid, understandable, and normal responses to trauma. This relationship often provides a corrective emotional experience for clients, especially for those who have received shaming, blaming, and minimizing messages from others. This focus on acceptance is consistent with many therapeutic approaches that highlight the importance of providing empathy and unconditional positive regard in the therapeutic relationship (Rogers,
1961; Teyber & McClure, 2010), as well as approaches that focus on decreasing experiential avoidance and enhancing an individual's ability to accept internal experiences (Hayes, Strosahl, & Wilson, 2012; Linehan, 2015). Learning to accept and forgive oneself is also an essential component of positive adaptation from sexual assault and resolving maladaptive shame, and counselors can promote this process through interventions that focus on the development of self-compassion (Neff, 2011).

Second, the results of this study highlight the importance of helping clients feel connected to others, build and repair relationships, and share their experience of sexual assault within the context of validating and supportive relationships. Maladaptive shame arises due to a fear of being unworthy of connection and acceptance from others, often leading to withdrawal, disconnection, and isolation. Therefore, shame is healed through the process of embracing vulnerability, sharing one's story, and receiving accepting and nonjudgmental responses from others. This healing process can take place within the therapeutic relationship, as well as in relationships with friends, family, and romantic partners. Counselors can encourage clients to identify significant others who are likely to respond in an accepting and validating manner. Interventions that focus on the development of more meaningful interpersonal relationships may also be highly beneficial, as many survivors report feeling isolated and disconnected from others following sexual assault. Participation in group therapy or a support group for survivors of sexual assault may also be extremely helpful, as group members have the opportunity to hear the stories of others, receive support, feel empathy and acceptance for others who have similar experiences, and learn about the societal factors contributing to sexual assault.

A third major task of therapy is to help clients reclaim power in their lives. Because individuals who have experienced sexual assault may experience general feelings of helplessness
and powerlessness, interventions that increase clients' awareness of aspects of their lives that they have control over may be beneficial. Therapeutic approaches that focus on increasing clients' sense of control over physiological responses and posttraumatic symptoms may contribute to the reestablishment of a sense of personal agency and power (e.g., Foa, Hembree, & Rothbaum, 2007; Shapiro, 2001). Additionally, a feminist therapeutic approach (e.g., Hill & Ballou, 2005) may be particularly helpful, as it focuses on developing an egalitarian therapeutic relationship, discussing the inherent power differentials between the therapist and client, and empowering clients to make choices that are aligned with their values and cultural context. This approach also highlights the social, cultural, and political systems that contribute to the oppression of marginalized groups. Clients who struggle with self-blame and maladaptive shame may benefit from increased awareness of the numerous sociocultural factors that contribute to the sexual objectification of women, normalization of gender violence, and victim-blaming societal messages.

Fourth, counselors can help promote positive adaptation by helping clients create meaning in their experiences of sexual assault and reestablish a sense of purpose in their lives. Counselors may be reluctant to ask clients about the positive changes they have experienced as a result of sexual assault due to fears of being perceived as invalidating or minimizing. However, focusing solely on the negative consequences of sexual assault does not allow clients to share their experiences in a holistic and comprehensive manner, which may invalidate or minimize their resiliency, strengths, and personal growth. All participants in this study were readily able to describe the ways in which sexual assault impacted their lives in both positive and negative ways, and many described how beneficial it was for them to describe the ways in which they have grown throughout their experience of healing from sexual assault. Additionally, counselors
can encourage clients to reflect on how they can best reconnect with their sense of purpose and meaning in life. This may involve getting involved in social justice causes, advocating for changes in their communities, helping others, volunteering, or connecting with spiritual and religious communities.

Additionally, this study's social ecological perspective highlights the importance of understanding clients’ experiences following sexual assault within the broader contexts of their lives. Multiple intersecting identities contribute to each client's unique worldview, which impacts the ways in which one makes sense of, defines, and heals from sexual assault. This approach also shifts the focus away from "disordered individuals" to the oppressive societal forces that objectify women, normalize violence, and blame women for contributing to their victimization. Whereas an individualistic psychology approach grounded within the medical model views psychological distress as an illness residing solely within an individual, a social ecological perspective emphasizes that both distress and positive adaptation arise in context of a variety of sociocultural, interpersonal, and intrapersonal experiences that interact with one another to influence an individual's response to sexual assault. This approach is inherently less victim-blaming, as it holds societal systems accountable for not only producing environments where sexual assault proliferates, but also for contributing to the high level of maladaptive shame that has the potential to hinder the processes of positive adaptation for many women.

Finally, the results of this study emphasize the importance of language in the construction of meaning. The labels "victim" and "survivor" evoke differential emotional responses and are associated with a variety of images and characteristics. Although the term "survivor" is generally preferred within the domain of violence against women because it connotes empowerment and strength, many of the participants in the current study did not believe that it
accurately represented their experiences. Although using labels such as "victim" and "survivor" gives voice to the reality of sexual violence, it also implies that sexual assault is an important aspect of an individual's identity. It is important for counselors to be aware that some individuals may not prefer this label, especially as they move throughout the process of positive adaptation and their experience of sexual assault becomes a less salient aspect of their identity.

### Societal Implications

The results of this study highlight the profound influence of sociocultural factors on the experience of maladaptive shame and the process of positive adaptation in women who have experienced sexual assault. Although therapeutic interventions have the potential to facilitate the resolution and transformation of maladaptive shame at an individual level, it is essential that efforts be made to create systemic change at the sociocultural and interpersonal levels. Great strides have been made in recent decades to increase educational programs that focus on the prevention of gender-based interpersonal violence, especially on college campuses and in high schools. Many of these programs have moved from a focus on teaching women skills to keep themselves safe, which can perpetuate victim-blaming beliefs, to a focus on enlisting bystanders in preventing violence (Coker et al., 2011; Katz, 1995). Although preliminary research on the effectiveness of these programs is promising, the implementation of these programs throughout educational systems continues to be lacking. The narratives of participants from the current study highlight the dearth of awareness and education about sexual assault in the United States. Most of the participants were college-aged students in their early 20's who had recently gone through the educational system, and several had no prior awareness of what sexual assault was until after they experienced it first-hand. Given that adolescents and young adults are at the
highest risk for experiencing sexual violence, it is unacceptable that our youth are not receiving adequate education about sexual assault, consent, and available resources.

Beyond violence prevention programs, efforts need to be made to eradicate victim-shaming messages at sociocultural and interpersonal levels. The results of the current study provide support for programs that work to reduce shame associated with female sexuality and experiences of victimization. For example, events such as The Clothesline Project, Take Back the Night, and "The Vagina Monologues" provide opportunities for women to voice their stories, express their emotions, connect with a community of survivors, reclaim their power, and advocate for social justice. Forums that promote women to share their experiences of sexual assault within an empowering, validating, and accepting environment can serve as a powerful healing experience, as it has the potential to promote the rebuilding of the self across all four domains identified in this study (e.g., voicing one's story and receiving acceptance from others, connecting with others, reclaiming power by owning one's story and giving oneself a voice, and creating meaning by contributing to societal change).

The results of this study highlight the profound impact of responses from formal and informal sources of support on women's experiences following sexual assault. Whereas blaming and shaming messages have the potential to further reinforce maladaptive shame and social withdrawal, validating and accepting responses can greatly facilitate an individual's process of positive adaptation. Violence prevention educational programs should be developed that actively dispel rape myths and enhance an individual's ability to effectively respond to disclosures about sexual assault in a supportive and non-shaming manner. Additionally, formal responders to sexual assault (e.g., police officers, lawyers, counselors, physicians, nurses, teachers, university personnel, religious leaders) should receive adequate education about sociocultural beliefs that
perpetuate victim-blaming beliefs, the impact of victim-shaming on psychological distress following sexual assault, and effective ways of working with women who have experienced sexual violence.


178


Appendix A

Recruitment Flyer

RESEARCH PARTICIPANTS NEEDED

For a Study on Positive Adaptation in Women Following Sexual Assault

Please respond if you:
• Identify as a woman and are at least 18 years old
• Have experienced a sexual assault that occurred at age 14 or older and took place at least 1 year ago
• Did not experience any childhood sexual and/or physical abuse before the age of 14
• You are not currently involved in legal proceedings related to the assault

This is a doctoral research study being conducted by a counseling psychology graduate student. If you would like more information, please contact Nichole Olson, M.A. at nolson@wsu.edu or 712-574-9486. If you participate in the study, you will receive a $25 Amazon gift card after completing a 1-2 hour interview. Your participation is voluntary and confidential.

This study has been approved by the Washington State University Institutional Review Board.
Appendix B

Washington State University
Educational Leadership and Counseling Psychology

Research Study Consent Form

Study Title: Positive Adaptation in Women Following Sexual Assault: A Grounded Theory Study

Researchers: Laurie McCubbin, Ph.D.
Associate Professor, Counseling Psychology
Washington State University
509-335-2816
mccubbin@wsu.edu

Nichole Olson, M.A.
Doctoral Candidate, Counseling Psychology
Washington State University
712-574-9486
nolson@wsu.edu

You are being asked to take part in a research study carried out by Laurie McCubbin, Ph.D. and Nichole Olson, M.A. This form explains the research study and your part in it if you decided to join the study. Please read the form carefully, taking as much time as you need. Ask the researcher to explain anything that you do not understand. You can decide not to join the study. If you join the study, you can change your mind later or quit at any time. There will be no penalty or loss of services or benefits if you decided to not take part in the study or quit later. This study has been approved for human subject participation by the Washington State University Institutional Review Board.

What is this study about?
The purpose of this study is to develop a better understanding of women’s experiences following sexual assault and the process of positive adaptation (e.g., recovery, healing, coping). You are able to participate in this study if:

• You identify as a woman
• You are at least 18 years old
• You have experienced some form of sexual assault that occurred at age 14 or older
• The most recent sexual assault you have experienced occurred at least 1 year ago
• You did not experience any form of childhood sexual and/or physical abuse that occurred before the age of 14
• You are not currently involved in legal proceedings related to the assault
What will I be asked to do if I am in this study?
Participation in this study would involve a face-to-face interview, which would take approximately 1-2 hours. The interview will take place at a location of your choice (your home, a private university office, or a private office within a university violence prevention center). The interview will include 14 guiding questions, as well as some follow-up questions based on our conversation. The survey consists of questions about your experiences following sexual assault, how this event has impacted or shaped your life, your process of moving on following the assault, and any events or factors that impacted your recovery process. Although you will not specifically be asked to describe the events surrounding the assault itself, you are welcome to discuss this experience if you feel comfortable. The interview will be digitally recorded and transcribed. You would also be asked to complete a short questionnaire about your demographics (age, race/ethnicity, sexual orientation, marital status, highest level of education obtained, and employment status). All personal identifying information will be removed from the interview recording, questionnaire, and transcript. You may also be asked to complete a second, follow-up interview at a later time. However, this is not required to participate in the study.

Are there any benefits to me if I am in the study?
In this study, you will be asked to reflect on your experiences following sexual assault. The interview will focus on the challenges you experienced as well as your healing process. Some individuals find that the process of sharing their story is both therapeutic and empowering, and it also gives them the opportunity to potentially help other survivors.

Are there any risks to me if I am in the study?
You may experience psychological discomfort when describing your experiences following sexual assault. The researcher will make every effort to make sure that you feel safe, supported, and validated. If the interview is causing you too much distress, a number of options will be discussed (taking a break, moving on to a different question, meeting on a later date, or withdrawing from the study). You will also be provided with a list of local resources (counselors and sexual assault advocacy agencies) in case you would like additional support.

Will my information be kept private?
The data for this study will be kept confidential to the extent allowable by state and federal law. Your name will be removed from all recordings and transcripts. Your identifying information will be kept separately from the data in a locked storage cabinet. All data will be encrypted and kept on a computer that is password protected. Only the research team will have access to the data. The data for this study will be kept for 7 years, and the audio recording will be destroyed after transcription and analyses are complete. The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain confidential.

However, there are three exceptions to confidentiality. First, if you indicate that you are in immediate danger of harming yourself, the researcher will have to break confidentiality and inform the police in order to ensure your safety. Second, if you indicate that you are planning to harm someone else, the researcher will have to inform both the police and the individual that you intend to harm. Finally, if you report that any child or vulnerable adult is at risk for being
abused, as a mandated reporter the researcher will have to contact the appropriate authorities.

**Are there any costs or payments for being in this study?**
There will be no costs to you for participating in this study. You will receive a $25 Amazon gift card after completing or discontinuing the interview. You may stop the interview or choose not to answer a question at any time.

**Who can I talk to if I have questions?**
If you have questions about this study or the information in this form, please contact the researchers listed at the top of this form (either Laurie McCubbin or Nichole Olson). If you have questions about your rights as a research participant, or you would like to report a concern or complaint about this study, please contact the Washington State University Institutional Review Board at 509-335-3668, or e-mail irb@wsu.edu, or regular mail at: Albrook 205, PO Box 643005, Pullman, WA 99164-3005.

**What are my rights as a research study volunteer?**
Your participation in this study is completely voluntary. You may choose not to be a part of this study. There will be no penalty to you if you choose not to take part. You may choose not to answer specific questions or to stop participating at any time.

**What does my signature on this consent form mean?**
Your signature on this form means that:
- You understand the information given to you in this form
- You have been able to ask the researcher questions and state any concerns
- The researcher has responded to your questions and concerns
- You believe you understand the research study and the potential benefits and risks that are involved
Statement of Consent
I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

__________________________________  __________________________
Signature of Participant                 Date

__________________________________  __________________________
Printed Name of Participant

☐ I agree to be audio-recorded during the interview. I understand that my name will be removed from all recordings and transcripts.

☐ I agree to be contacted for a follow-up interview. I understand that this is not required to participate in the study.

Statement of Person Obtaining Informed Consent
I have carefully explained to the person taking part in the study what he or she can expect. I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:
• Speaks the language used to explain this research
• Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her
• Does not have any problems that could make it hard to understand what it means to take part in this research

__________________________________  __________________________
Signature of Person Obtaining Consent                 Date

__________________________________  __________________________
Printed Name of Person Obtaining Consent             Role in the Research Study
Appendix C

Demographic Questionnaire

1) How old are you? ______________

2) What is your gender?   Male       Female       Transgender

3) How would you describe your race/ethnicity?
   _____ African American/Black
   _____ American Indian/Native American/Alaskan Native
   _____ Asian American/Asian/Pacific Islander
   _____ Caucasian/White
   _____ Hispanic/Latina/o
   _____ Multiracial
   _____ Would rather not say
   _____ Other__________________(Specify)

4) How would you describe your sexual orientation?
   _____ Bisexual
   _____ Gay
   _____ Heterosexual
   _____ Lesbian
   _____ Questioning
   _____ Would rather not say
   _____ Other__________________(Specify)

5) What is your current marital status?
   _____ Divorced
   _____ Living with partner
   _____ Married
   _____ Separated
   _____ Single, never married
   _____ Widowed
   _____ Would rather not say
   _____ Other__________________(Specify)
6) What is the highest level of education you have completed?
   _____ Grammar school
   _____ High school or equivalent
   _____ Vocational/technical school (2 year)
   _____ Some college
   _____ Bachelor’s degree
   _____ Master’s degree
   _____ Doctoral Degree
   _____ Professional Degree
   _____ Would rather not say
   _____ Other_______________(Specify)

7) What is your employment status?
   _____ Employed full-time_______________(Please specify occupation)
   _____ Employed part-time_______________(Please specify occupation)
   _____ Homemaker
   _____ Retired
   _____ Student
   _____ Unemployed
   _____ Would rather not say
   _____ Other_______________(Specify)
Appendix D

Interview Protocol

1) Tell me about yourself. You can include important aspects of your identity, roles and experiences that have been important to you, and other information that you believe will help me understand more about who you are.

2) Tell me about how sexual assault has impacted or shaped your life.

3) Has sexual assault impacted your life in any negative ways? If so, please describe.

4) Has sexual assault impacted your life in any positive ways? If so, please describe.

5) How would you describe your process of moving on following the assault?

6) How has your perspective of the assault and its impact on your life changed over time?

7) What are the things that you have done, or aspects of your personality, that have impacted your experiences following sexual assault? (prompt for aspects that have impacted experiences in both positive and negative ways)

8) How have your interactions with other people impacted your experiences following sexual assault? (prompt for aspects that have impacted experiences in both positive and negative ways)

9) What are the messages that you received about sexual assault from your environment (e.g., family, peer group, community, religious or spiritual community, culture, or the media)?

10) How have these messages from your environment impacted your experiences following sexual assault? (prompt for aspects that have impacted experiences in both positive and negative ways)

11) What does it mean to you to be a victim of sexual assault?
12) What does it mean to you to be a survivor of sexual assault?

13) How do you believe that your experiences or perspectives may differ from other individuals who have not experienced sexual assault?

14) If you were able to reach out to all women who have recently experienced a sexual assault, what would you like to tell them based on your experiences?

15) What has it been like for you to talk with me today?

16) Has participating in this study had any impact on the way you make sense of your experiences following sexual assault? If so, in which ways?